

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7-21

00999

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Kingsville (Petersville)  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

69 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Jeremiah Faulkner Anderson

4. Sex

Male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Carrie E. Sigler6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.)

April 3rd 1871

8. AGE:

Years <u>76</u>	Months	Days <u>16</u>	If less than one day hrs. .... min.
-----------------	--------	----------------	--

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Fence Builders (Retired)

11. Industry or business

John Anderson

12. Name

John Anderson

13. Birthplace

Virginia

14. Maiden name

Louise Phillips

15. Birthplace

Maryland

16. Informant

Mrs Carrie E. Anderson

Address

Kingsville Md R. 7 H.

17. Burial

Date thereof April 22 1947

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory

St. Marks

Location

Rural Kingsville Md

18. Funeral director

C. N. Fuhr & Bro

Address

Brunswick Md

19. Apr. 22 1947

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural Kingsville (Petersville)

(If outside city or town limits, write RURAL and give nearest town)

Street No. Petersville

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 19 1947 at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 16 1947 to April 19 1947and that I last saw him alive on April 18 1947

Immediate cause of death

Pulmonary edemaMyocardial decompensationDuration 4 daysOther conditions MyocarditisDuration 10 daysOther conditions Bronchitis

(Include pregnancy within 8 months of death)

Major findings or operations

Autopsy results \_\_\_\_\_ Date of op. \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?)

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. J. Price M. D. or other \_\_\_\_\_Address Jefferson M. Date signed 4/19/47

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APR 25 1947

BUREAU V S

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1000

01000

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County Frederick

City or town Rural Middletown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Maudie M. Bean

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female white Married

## 6.(b) Name of husband or wife

Elmer Bean

## 7. Birth date of deceased (mo., day, yr.)

June 27, 1884

67 years

## 8. AGE:

Years Months Days It less than one day  
62 9 16 hrs. min.

## 9. Birthplace

Middletown, Frederick Co., Md.  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

Peter Huskings

MOTHER

FATHER

Peter Huskings

13. Birthplace Middletown, Md.

14. Maiden name Matilda Eline

15. Birthplace Middletown, Md.

16. Informant Elmer Bean

Address Middletown, Md.

17. Burial Date thereof (month) (day) (year)

(Burial, cremation, or removal. Which?) Cemetery or crematory Lutheran Cemetery

Location Middletown, Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. April 14, 1947

(Date rec'd by registrar) Main Gladville

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County Frederick

City or town Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 13, 1947, at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1947 to April 13, 1947,  
and that I last saw her alive on April 11, 1947.

## Immediate cause of death

Pulmonary edema

## Due to

Chronic edema  
and ascitis

## Due to

Myocardial  
decompensation

## Other conditions

Chronic nephritis

## DURATION

3 Days

6 weeks

2 mos

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of Injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Address

Elmer Bean  
Jefferson Rd.  
Date signed Apr 14/47

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APR 21 1967

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

01001

## CERTIFICATE OF DEATH

131

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

Since March 16, 1947

How long in hospital or institution?

## 3. (a) FULL NAME

JOHN WILLIAM BARNES

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

M

W

W

## 6. (b) Name of husband or wife

Lola C. Haupt

## 7. Birth date of deceased (mo., day, yr.)

August 22, 1867

## 6. (c) If alive, give age..... years

## 8. AGE:

Years  
79Months  
7Days  
12

If less than one day

hrs. .... min.

## 9. Birthplace

Frederick County Maryland

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

MOTHER FATHER

Samuel Barnes

## 12. Name

Frederick County Maryland

## 13. Birthplace

Ella May Kelly

## 14. Maiden name

Frederick County Maryland

## 15. Birthplace

Harry T. Barnes

## 16. Informant

R. F. D. #1, Frederick, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof  
4/7/47

(month) (day) (year)

## Cemetery or crematory

Lutheran Cemetery

## Location

Middletown, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

## 19. Date rec'd by registrar

19-47

Elizabeth G. Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural R. F. D. #4

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Church Hill

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

4 April

19-1947 al

1:30P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

16 March

19-47

to 4 April

19-47

and that I last saw him alive on

3 April

19-47

Immediate cause of death

Cerebral hemorrhage

DURATION

16 Mar. 47

Due to Generalized arteriosclerosis ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Charles A. Conley Jr. M.D.  
MD or other  
Frederick, Maryland Date signed 4 April '47

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APR 8 1947

FBI - BOSTON

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01002

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Crumley Nursing Home 708 N. MarketHow long in hospital or institution? 3 weeks

## 3. (a) FULL NAME

Hattie Lou Baumgardner4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife George T. Baumgardner (dead)6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) May 28 18668. AGE: Years 80 Months 10 Days 21 If less than one day  
hrs. ..... min. ....9. Birthplace Frederick, Frederick, Md.  
(Town, county, and state)10. Usual occupation House wife

## 11. Industry or business

12. Name George Van Tassel13. Birthplace Unknown14. Maiden name Sarah Truscott15. Birthplace Unknown16. Informant Rabt. BaumgardnerAddress Frederick, Md.17. Burial Burial Date thereof 4/22/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Frederick, Md.18. Funeral director Mary E. CarterAddress Frederick, Md.19. Date rec'd by registrar 22 April 1947 Registrars Elizabeth L. Heck

(Date received by registrar) (Name) (Signature)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Frederick (If outside city or town limits, write RURAL and give nearest town)Street No. 221 S. Market St (If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1947 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19 1947 to April 19 1947and that I last saw her alive on April 19 1947

Immediate cause of death

Cerebral Hemorrhage DURATION 1 m.

Due to

Due to HypertensionOther conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings or operations noneDate of op. noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury ..... Injured at work? .....

23. SIGNATURE A. A. Gars, M.D. M. D. or otherAddress Frederick, Md. Date signed 4/21/47

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APR 23 1947

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The copy sent age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100

## CERTIFICATE OF DEATH

01003

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Since 3/6/47  
 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium  
 How long in hospital or institution?..... Since 3/6/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....  
 City or town..... Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No. 3400 Lyndale Ave.  
(If rural, give LOCATION)

## 3. (a) FULL NAME

Joseph Benton

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_ 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of ~~XXXX~~ wife..... Agnes Benton

38

7. Birth date of deceased (mo., day, yr.)..... 10/22/1905 6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day  
41 5 11 hrs. min.9. Birthplace..... Solomons Island, Md.  
(Town, county, and state)

10. Usual occupation..... Tar Sprayer

## 11. Industry or business

12. Name..... James S. Benton

13. Birthplace..... Benedict, Maryland

14. Maiden name..... Lillian Messick

15. Birthplace..... Benedict, Maryland

16. Informant..... Agnes Benton (Wife)

Address..... 3400 Lyndale Ave., Balto., Md.

17. Burial..... Date thereof..... Apr. 5, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... New Cathedral

Location..... Baltimore, Md.

18. Funeral director..... M. L. Creager &amp; Son

Address..... Thurmont, Maryland

19. 4/3 1947  
(Date rec'd by registrar)

Registrar

## 3. (b) Social Security Number

220-01-0162

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 2 1947 at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1947 to April 2 1947 and that I last saw h. im. alive on April 2 1947.

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

79 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

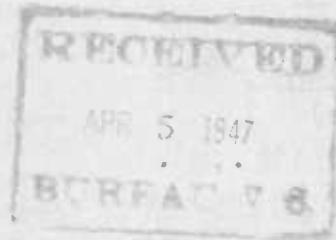
Means of Injury

Injured at work?

23. SIGNATURE..... P. G. Saenger

M. D. ~~xxxxx~~

Address..... State Sanatorium, Md. Date signed 4/2/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13Pa.

01004

## CERTIFICATE OF DEATH

Reg. Distr. No. 1310

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

50 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

#30 Taney Apartments

How long in hospital or institution?

## 3. (a) FULL NAME

EMORY CLAYTON BISER

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Effie May Smith

7. Birth date of deceased (mo. day, yr.)

October 30, 1874

6. (c) If alive, give age

66

years

8. AGE:

Years

Months

Days

If less than one day

72

5

1

hrs.

min.

9. Birthplace

Nr. Middletown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER 12. Name

Lawson Biser

13. Birthplace

Frederick County Maryland

MOTHER 14. Maiden name

Barbara Ellen Remsburg

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Effie Biser

Address

#30 Taney Apts., Frederick, Md.

17. Burial

Date thereof

4/4/47

(month) (day) (year)

(Burial, cremation, or removal, which?)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. April

1947

(Date record by registrar)

Elizabeth H. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. #30 Taney Apartments

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st, 1947, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-15 1947, to 3-30 1947

and that I last saw h. b. alive on 3-30 1947

Immediate cause of death

C. S. Cardiac Renal Disease, Plethora

DURATION

2701

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

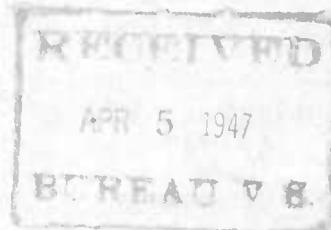
23. SIGNATURE

U. G. Beane Jr.

M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-2-47



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17B

01005

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick City  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Several hours.  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town State Sanatorium  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
No

2.(a) If veteran, name war.

3. (a) FULL NAME  
Fannie Bell Brown

3. (b) Social Security Number  
None.

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Married.
---------------	------------------------	--

6.(b) Name of husband or wife Ira A. Brown

7. Birth date of deceased (mo., day, yr.) February 13, 1880

6.(c) If alive, give age 63 years

8. AGE: Years 67	Months 3	Days 14	If less than one day hrs. min.
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9. Birthplace Williamsport, Maryland Wash. Co.  
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER  
12. Name James Sprengle  
13. Birthplace Unknown

MOTHER  
14. Maiden name Unknown.  
15. Birthplace Unknown

16. Informant Ira A. Brown.  
Address State Sanatorium Md

17. Burial Date thereof April 30, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Reformed Church Cemetery

Cemetery or crematory  
Location Sabillasville, Md.

18. Funeral director M. L. Creager & Son  
Address Thurmont, Md.

19. 29 April 1947  
(Date rec'd by registrar) Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 27, 1947 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 1, 1946, to April 27, 1947, and that I last saw her alive on April 27, 1947.

Immediate cause of death Coronary Thrombosis

DURATION 12 hrs.

Due to:

Due to:

Other conditions duodenal ulcer 2 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of...

Where did injury occur? (City or town) (County) (State)

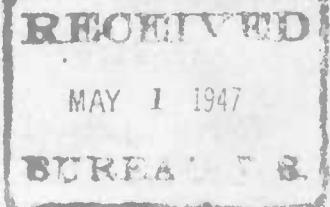
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Franklin Bush

M. D. or other

Address Thurmont, Md. Date signed April 28, 1947



PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

01006

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County. Frederick

City or town. State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Since 10/21/46

How long in above place of death?

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 10/21/46

## 3. (a) FULL NAME

Julian Bryan

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

September 12, 1893 (?)

8. AGE:

Years

Months

Days

If less than one day

53

7

11

hrs.

min.

9. Birthplace. Dorchester County, Md.

(Town, county, and state)

10. Usual occupation. Waterman

11. Industry or business

FATHER 12. Name. William Bryan

13. Birthplace. Dorchester County, Md.

MOTHER 14. Maiden name. Maggie ?

15. Birthplace. Dorchester County, Md.

16. Informant. Deceased

Address

17. Burial. Date thereof. Apr. 30, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory. E New Market Cem.

Location. Dorchester Co. Md.

18. Funeral director. M. L. Creager &amp; Son

Address. Thurmont, Maryland

19. Apr. 25 1947

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland County. Dorchester

City or town. Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 101 Choptank Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (b) Social Security Number

218-20-6502

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 23

1947 at 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 21

1946 to April 23 1947

and that I last saw him alive on April 23

Immediate cause of death.

Pulmonary Tuberculosis

DURATION

21 MOS.

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

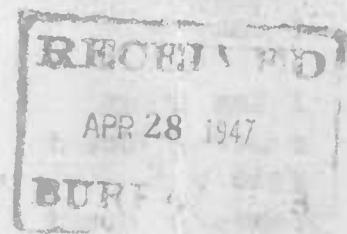
Injured at work?

23. SIGNATURE

R. W. Bryan.

M. D. XXXXX

Address. State Sanatorium, Md. Date signed 4/23/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

## CERTIFICATE OF DEATH

01007

137

Reg. Dist. No.

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## 1. PLACE OF DEATH:

County Frederick  
City or town near Libertytown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

20 yrs

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 3. (a) FULL NAME

Melinda Agnes Butler4. Sex F 5. Color or race white 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Pembra Butler7. Birth date of deceased (mo., day, yr.) Oct. 21, 1877 6. (c) If alive, give age 72 years8. AGE: Years 69 Months 5 Days 14 If less than one day hrs. min.9. Birthplace Frederick Co. Md.  
(Town, county, and state)10. Usual occupation House wife11. Industry or business Own Home12. Name Howard Myers13. Birthplace Md.14. Maiden name Angeline Chambers15. Birthplace Md.16. Informant Pembra ButlerAddress Mt. Oliv. Cem. New Windsor, Md.  
Date thereof Apr. 8, 1947  
(Burial, cremation, or removal which?)Cemetery or crematory Mt. Oliv.  
Location near New Windsor, Md.18. Funeral director Powell & Hartler  
Address 2 Woodsboro, Md.19. April 9 - 1947 Oral Answer  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick  
City or town near Libertytown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Mt. Oliv. P. F. D. 2.  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 5, 1947 at 18 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15, 1947 to Apr. 3, 1947 and that I last saw her alive on Apr. 3, 1947

Immediate cause of death

Broncho pneumonia

DURATION

2 weeksDue to Acute bronchitis quarter

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury

Injured at work?

23. SIGNATURE

Ernest P. Raup, M.D.  
Address New Market Md M. D. or other Hospital  
Date signed April 14, 1947

RECEIVED

APR 11 1947

PURCHASES

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6

## CERTIFICATE OF DEATH

01008

Reg. Dist. No. 140

M

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County..... Frederick

City or town..... Le Rose

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 8 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Ida Emma Chishley

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Widowed

8. (b) Name of husband or wife.....

Thomas Chishley

7. Birth date of deceased (mo., day, yr.)

Aug 8. 1884

6. (c) If alive, give age..... years

8. AGE:

Years  
62Months  
8Days  
1

If less than one day

hrs. .... min.

9. Birthplace.....

Frederick County

(Town, county, and state)

10. Usual occupation.....

House Wife

11. Industry or business

12. Name..... John Hatfield

13. Birthplace..... Frederick County

14. Maiden name..... Sarah Hatfield

15. Birthplace..... Frederick County

16. Informant.....

Mrs. Alice Rose Harmer

Address

Le Rose Md

17. Burial.....

Burial Date thereof. April 17 1947

(Burial, cremation, or removal. Who?)

(month) (day) (year)

Cemetery or crematory.....

Oak Hill

Location.....

Le Rose

18. Funeral director.....

L G Barton

Address.....

Walkersville Md

19. (Date rec'd by registrar)

April 11 1947

L G Powell

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State..... Maryland County..... Frederick

City or town..... Le Rose

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 9 1947 at 10<sup>26</sup> P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 30 1947 to 10 1947

and that I last saw h. m. alive on 19 1947

Immediate cause of death.....

Atofby

DURATION

Due to.....

Due to.....

Other conditions..... Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Elois T. Day

M. D. or other

Address..... Walkersville Md Date signed April 11 1947

T

VS A15

RECEIVED

MAY 3 1947

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 820

## CERTIFICATE OF DEATH

135  
01009  
reported by 145  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County

City or town

Frederick

Rural Myersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

61 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Clark

Della (Morgan)

7. Birth date of deceased (mo. day, yr.)

April 2,

1886

6. (c) If alive, give age

59 years

8. AGE:

Years

Months

Days

If less than one day

61

51

hrs.

min.

9. Birthplace

Highland, Frederick, Md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Own farm

12. Name

John Clark

13. Birthplace

Maryland

14. Maiden name

Susan Toms

15. Birthplace

Maryland

16. Informant

Mrs Della Clark

Address

Myersville, Md

17. Burial

Date thereof April 9, 1947

(Burial, cremation, or removal. Which?)

(Month) (day) (year)

Cemetery or crematory

United Brethren

Location

Myersville, Md

18. Funeral director

Paul D. Biato

Address

Myersville, Md.

19. (Date rec'd by registrar)

Flag M. Bettis

(Date signed)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Rural

Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Highland

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 7

1947 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1947, to April 6, 1947

and that I last saw him alive on April 6, 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

7 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

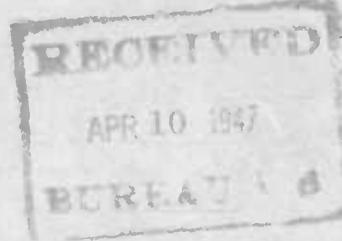
U. G. Bourne Jr

M. D. or other

Address

Frederick, Md

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-3

01010

## CERTIFICATE OF DEATH

Reg. Dist. No. 13

## 1. PLACE OF DEATH:

County ..... Frederick  
 City or town ..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ..... Lifetime

Hospital, institution, or street address where death occurred:

311 Rockwell Terrace

How long in hospital or institution?

## 3. (a) FULL NAME

CASPER EZRA CLINE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

B.(b) Name of husband or wife ..... Minerva L. Cline

7. Birth date of deceased (mo., day, yr.) ..... July 31, 1872

8. AGE: Years	Months	Days	If less than one day
74	8	7	hrs. min.

9. Birthplace ..... Frederick, Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation ..... Furniture Merchant &amp; Funeral Director

## 11. Industry or business

MOTHER FATHER	12. Name
	Nicholas O. Cline

MOTHER FATHER	13. Birthplace
	Frederick, Maryland

MOTHER FATHER	14. Maiden name
	Annie A. Michael

MOTHER FATHER	15. Birthplace
	Frederick County, Maryland

16. Informant	Mr. C. E. Cline Jr.
---------------	---------------------

Address	Frederick, Maryland
---------	---------------------

17. Burial	Date thereof
(Burial, cremation, or removal, where?)	April 2, 1947

Cemetery or crematory	Mount Olivet Cemetery
-----------------------	-----------------------

Location	Frederick, Maryland
----------	---------------------

18. Funeral director	C. E. Cline & Son
----------------------	-------------------

Address	Frederick, Maryland
---------	---------------------

19. April 7, 1947	Elizabeth G. Tech
(Date record by registrar)	Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ..... Maryland County ..... Frederick

City or town ..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ..... 311 Rockwell Terrace  
 (If rural, give LOCATION)

2.(a) If veteran, name war ..... None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH ..... April 7, 1947, at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 26, 1946, to April 7, 1947, and that I last saw him alive on April 7, 1947.

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions ..... Asthma, chronic  
Hemiplegia (R.L.)  
(Include pregnancy within 8 months of death)

Major findings of operation

Date of op.

Autopsy results ..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE ..... G. A. Pearce, M.D.

M. D. or other

Address ..... Frederick, Md. Date signed 4/7/47

RECEIVED

APR 8 1947

BERRY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death, give age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

## CERTIFICATE OF DEATH

01011  
137

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

Frederick

City or town

Libertytown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Charles Henry Coates

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

Col

married

## 6. (b) Name of husband or wife

Ida E. Coates

7. Birth date of deceased (mo., day, yr.)

Nov. 5, 1906

6. (c) If alive, give age 36 years

8. AGE:

Years  
40Months  
5Days  
1If less than one day  
hrs. min.

## 9. Birthplace

Libertytown, Frederick Co., Md.

(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

Frederick Co.

MOTHER FATHER

12. Name

Mrs. H. Coates

MOTHER

13. Birthplace

Frederick Co.

## 14. Maiden name

Fannie Thomas

## 15. Birthplace

Frederick Co.

## 16. Informant

Mrs. Ida E. Coates

## Address

Libertytown

## 17. Burial

Date thereof April 9, 1947  
(month) (day) (year)

(Burial, cremation, or removal. Which?)

John Wesley Cemetery

## Cemetery or crematory

Libertytown

## Location

J. E. Barton

## 18. Funeral director

Walkersville

## Address

April 9, 1947  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

Libertytown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

220-09-8079

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 6, 1947, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2, 1947, to April 6, 1947,  
and that I last saw him alive on April 6, 1947.

Immediate cause of death

Lobar pneumonia; five days.

DURATION

Due to

Due to Exposure.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

J. W. Legg

M. D. or other

Address Union Bridge Date signed 4-7-47

RECEIVED

APR 11 1967

BUKRA

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF STILLBIRTH**

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

Reg. Dist. No. 141

<p><b>1. PLACE OF BIRTH:</b></p> <p>County ..... <i>Baltimore</i>            City or town ..... <i>Baltimore</i>  <small>(If outside city or town limits, write RURAL and give nearest town)</small>            Street address, hospital, or institution ..... <i>407 E. Jones St.</i>            Length of mother's stay in County ..... <i>10 yrs</i>  <small>(How many years, or months, or days. SPECIFY WHICH)</small></p>	<p><b>2. USUAL RESIDENCE OF MOTHER:</b></p> <p>State ..... <i>Maryland</i>            County ..... <i>Baltimore</i>            City or town ..... <i>Baltimore</i>  <small>(If outside city or town limits, write RURAL and give nearest town)</small>            Street No. .....  <small>(If RURAL give LOCATION)</small></p>
<p><b>3. Name of child:</b> <i>Cornelius</i></p> <p><b>5. Sex:</b> <input checked="" type="checkbox"/> <b>6. Twin or triplet:</b> <input type="checkbox"/></p>	
<p><b>FATHER OF CHILD</b></p> <p><b>8. Full name:</b> <i>John D. Cottrell</i></p> <p><b>9. Color:</b> <i>W</i> <b>10. Age at time of this birth:</b> <i>35</i> yrs.</p> <p><b>11. Usual occupation:</b> <i>B.B. Broker</i></p>	
<p><b>MOTHER OF CHILD</b></p> <p><b>12. Full maiden name:</b> <i>Marie M. Bullard</i></p> <p><b>13. Color:</b> <i>W</i> <b>14. Age at time of this birth:</b> <i>27</i> yrs.</p> <p><b>15. Usual occupation:</b> <i>Housewife</i></p>	
<p><b>16. Other children born to mother (not including present child):</b> (a) How many children of this mother are now living? ..... <i>1</i>            (b) How many other children were born alive but are now dead? ..... <i>0</i> (c) How many other children were born dead? ..... <i>0</i></p>	
<p><b>17. Did child die before labor?</b> <i>No</i> <b>During labor?</b> <i>No</i></p>	
<p><b>18. Pregnancy, complications of:</b> <i>None</i></p>	
<p><b>19. Labor:</b> (a) Complications of: <i>None</i> (b) Induced? <i>No</i></p>	
<p><b>20. (a) Was there an operation for delivery?</b> <i>No</i> <small>(Yes or No)</small>            (b) State all operations, if any: <i>None</i></p>	
<p><b>(c) Did child die before operation?</b> <i>—</i> <b>During operation?</b> <i>—</i></p>	
<p><b>23. (a) Burial</b> <i>Burial</i> <b>(b) Date thereof</b> <i>1/2/47</i>  <small>(Burial, cremation or removal)</small> <i>Month Day Year</i>            (c) Cemetery or crematory <i>Bethesda Md</i></p>	
<p><b>24. (a) Funeral director</b> <i>John T. Kelly</i> <b>(b) Address</b> <i>Baltimore Md</i></p>	
<p><b>25. (a) Date</b> <i>Apr. 12 1947</i> <b>(b) By</b> <i>Kathryn N. Brown</i>  <small>(Date rec'd by registrar)</small> <small>(Registrar)</small></p>	
<p><b>26. (To be filled out if no physician was present at delivery.)</b>            The above certificate has been examined by me.</p>	
<p style="text-align: right;">Health Officer, per.....</p>	

\* See Instruction C on stub.

RECEIVED

APR 14 1947

BUREAU

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. Check each age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01013

139

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County ..... Frederick  
City or town ..... State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 3/13/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 3/13/47

## 3. (a) FULL NAME

Roy Culross Cox, Sr.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of ~~wife~~ wife

Myrtle Cox

7. Birth date of deceased (mo., day, yr.)

July 20, 1898

6. (c) If alive, give age ? years

8. AGE:

Years

Months

Days

If less than one day

48

8

19

hrs.

min.

9. Birthplace.....

Kerynsville, W.Va.

(Town, county, and state)

10. Usual occupation.....

Shoe Maker

11. Industry or business

12. Name..... Eli Cox

13. Birthplace..... Virginia

14. Maiden name..... Anna B. Carter

15. Birthplace..... Virginia

16. Informant..... Mildred Drew (Niece)

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Apr. 11, 1947  
(month) (day) (year)

Cemetery or crematory Antietam National Cem

Location Sharpsburg, Md.

18. Funeral director..... A. K. Coffman

Address

Hagerstown, Maryland

19. Apr. 9 1947  
(Date rec'd by registrar)*J. D. S.*

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ..... Maryland County ..... Washington

City or town ..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 89 Wyoming Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (b) Social Security Number

173-03-3028

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 8 1947 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 13 1947 to April 8 1947

and that I last saw h. im alive on April 8 1947

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

6 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

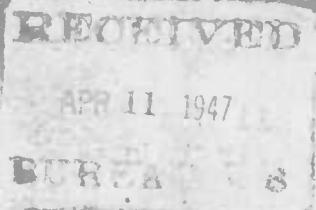
Means of injury

Injured at work?

23. SIGNATURE

*A. K. Coffman*M. D. or ~~MD~~

Address State Sanatorium, Md. Date signed 4/9/47



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131

01014

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

40 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Clifton

How long in hospital or institution?

## 3. (a) FULL NAME

JOHN PHILIP CRAMER

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

S

## 6. (b) Name of husband or wife

6. (c) If alive, give age..... years

## 7. Birth date of deceased (mo., day, yr.)

October 18, 1857

## 8. AGE:

Year

Month

Day

If less than one day

89

5

17

hrs.

min.

## 9. Birthplace

Frederick County Maryland

(Town, county, and state)

## 10. Usual occupation

Livestock Dealer

## 11. Industry or business

## MOTHER FATHER

John P. Cramer

## MOTHER FATHER

Frederick County Maryland

## MOTHER FATHER

Margaret Cain

## MOTHER FATHER

Frederick County Maryland

## MOTHER FATHER

Miss Alice E. Cramer

## MOTHER FATHER

Address R. F. D. #5, Frederick, Md.

## 16. Informant

Burial

Date thereof 4/7/47

(Burial, cremation, or removal: Which?)

(month) (day) (year)

Cemetery or crematory Mt. Zion Cemetery

Location Near Feagaville, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

## 19. Date rec'd by registrar

5 April

1947

Elizabeth J. Hark  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Clifton

(If rural, give LOCATION)

2. (a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

4 April

1947 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never

19

to

19

and that I last saw h.c.m. alive on

4 April

1947

## Immediate cause of death

Uremia

DURATION

24 hrs.

Due to Arterio-sclerotic Cardio-  
vascular renal disease

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Meane of injury

Injured at work?

23. SIGNATURE. *Charles N. Conley, Jr. M.D.*

Deputy Med Examiner &amp; Coroner &amp; other

Address Frederick, Md. Date signed 4 April 1947

RECEIVED

APR 8 1947

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH NONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

01015

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County..... Frederick  
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)  
15 years

How long in above place of death?

Hospital, institution, or street address where death occurred:  
Frederick City Hospital

How long in hospital or institution?  
1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Maryland County..... Frederick  
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 450 West South Street

(If rural, give LOCATION)  
None

2.(a) If veteran, name war.....

3. (a) FULL NAME

MERHL MONTGOMERY CRUMMITT

4. Sex M	5. Color or race W	6. (a) Single, married, widowed, or divorced M
-------------	-----------------------	---

6. (b) Name of husband or wife..... Carolyn Ernst

7. Birth date of deceased (mo., day, yr.)  
March 18, 1924

6. (c) If alive, give age 21 years  
8. AGE: Years 23 Months 1 Days 8 If less than one day hrs. min.

9. Birthplace..... Frederick Junction-Frederick-Md.  
(Town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business..... Everedy Company

12. Name..... Merhl C. Crummitt

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Mabel Montgomery

15. Birthplace..... Mount Airy, Maryland

16. Informant..... Mrs. Carolyn E. Crummitt

Address 450 W. South St., Frederick, Md.

17. Burial Date thereof..... 4/30/47  
(Burial, cremation, or removal where?)

Cemetery or crematory..... Frederick Memorial Park

Location..... Frederick, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... 28 April 1947  
(Date rec'd by registrar)

Registrar

3. (b) Social Security Number  
219-12-1884

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 26, 1947 at 7:20P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 26, 1947, to April 26, 1947  
and that I last saw him alive on April 26, 1947

Immediate cause of death..... heart disease with valvular heart disease with 15 yrs.?

Due to..... acute stenosis and natural stenosis and

Due to..... degeneration

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

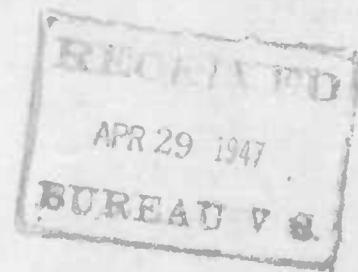
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Frederick, Maryland Date signed 4-28-47



## MARYLAND STATE DEPARTMENT OF HEALTH

01016

2411 N. Charles St., Baltimore 13-B

## CERTIFICATE OF DEATH

Reg. Distr. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Point of Rocks

(If outside city or town limits, write RURAL and give nearest town)

50 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

CHARLES HENRY DEAN

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

W

6. (b) Name of husband or wife

Mary McKnight

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

March 2, 1860

8. AGE:

Years  
87Months  
1Days  
16

It less than one day

....hrs. ....min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

Charles Dean

13. Birthplace

Frederick County Maryland

14. Maiden name

Mary (last name unknown)

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Marie Barrett

Address

Point of Rocks, Maryland

Burial

Date thereof

4/21/47

(Burial, cremation, or removal, which)

(month) (day) (year)

Cemetery or cemetery

St. Pauls Cemetery

Location

Point of Rocks, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1947

(Date rec'd by registrar)

Elizabeth G Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

Point of Rocks

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 18, 1947 at 12:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 17, 1947 to April 18, 1947

and that I last saw him alive on April 18, 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 hours

Due to Chronic Nephritis

?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Web Cypuler

M. D. dr. dr. dr.

Address Louisville, KY Date signed 4/19/47

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APR 23 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

01017

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County **Frederick**City or town **Brunswick**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **60 yrs.**

Hospital, institution or street address where death occurred?

**12 N. Maryland Ave.**

How long in hospital or institution?

## 3. (a) FULL NAME

**Guy Curtis Dean**

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

**M W Married**

6. (b) Name of husband or wife

**Nellie Blanche Wiginton**

7. Birth date of deceased (mo., day, yr.)

**June 10, 1886**6. (c) If alive, give age **54** years

8. AGE:

Years	Months	Days	If less than one day
<b>60</b>	<b>10</b>	<b>7</b>	hrs. min.

9. Birthplace

**Brunswick, Fred. Co, Md.**

(Town, county, and state)

10. Usual occupation

**yard helper-Retired.**

11. Industry or business

**John W. Dean****Brunswick, Md.****Harriet House.****Brunswick, Md.****Paul W. Dean****104 West C St, Brunswick, Md.**

11. Burial

Date thereof **April 20, 1947.**

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or cemetery

**Park Heights.****Brunswick, Md.****Jesse S. Dailey****Address 320 W. Potomac St. Brunswick, Md.****Date rec'd by registrar****19. 4 - 20 1947 Engenia H. Burke**

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland**

County

**Frederick**City or town **Brunswick**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **12 N. Maryland Ave.**

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

**705-12-1632**

## MEDICAL CERTIFICATION

20. DATE OF DEATH **April 17 1947** at **12.10A**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

**April 17 1947 to April 17 1947**and that I last saw him alive on **April 17 1947**

Immediate cause of death

**Cerebral Thrombosis** **1/2 hr**

Duration

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

**Hulga Dean** **W. or other**Address **H. Frederick, Md.** Date signed **April 29, 1947**



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

01018

Reg. Dist. No. 139

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

Frederick

City or town

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Since 4/15/47

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 4/15/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3640 S. Hanover

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## 3. (a) FULL NAME

Chester Deaton

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Divorced

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

March 28, 1910

8. AGE:

Years  
37Months  
1Days  
1

If less than one day

hrs. min.

9. Birthplace

Jackson, Kentucky

(Town, county, and state)

10. Usual occupation

Cook

11. Industry or business

Lewis Deaton

MOTHER FATHER

12. Name

Lewis Deaton

13. Birthplace

Kentucky

14. Maiden name

Emma Gellum

15. Birthplace

Kentucky

16. Informant

Nancy Collins (Sister)

Address

3640 S. Hanover St., Baltimore, Md.

17. Burial

Date thereof May 3, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Jackson Cemetery

Location

Kentucky

18. Funeral director

M. L. Creager &amp; Son

Address

Thurmont, Maryland

19. April 30

19. 47

(Date rec'd by registrar)

J. Deaton

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 29

19. 47 at 9:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 19. 47 to April 29 19. 47

and that I last saw him alive on April 29 19. 47

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 MOS.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. B. Ballin.

M. D. ~~XXXX~~

Address State Sanatorium, Md. Date signed 4/29/47

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MAY 1 1947

BUREAU OF S.

## MARYLAND STATE DEPARTMENT OF HEALTH \*

2411 N. Charles St., Baltimore 469

01019

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				
County	Frederick			
City or town	Frederick			(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?		8 days		
Hospital, institution, or street address where death occurred: Frederick City Hospital				
How long in hospital or institution?		8 days		
3. (a) FULL NAME		Delander, Mr. Wm. H.		
4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced		
Male	white	married		
6. (b) Name of husband or wife		Annie L. Hoffman		
7. Birth date of deceased (mo., day, yr.)		July 1 1868		
8. AGE:		Years 78	Months 9	Days 25
		If less than one day hrs. .... min.		
9. Birthplace		Maryland		
(Town, county, and state)				
10. Usual occupation		B.R.R. Carpenter Retired		
11. Industry or business		Repair		
MOTHER FATHER	12. Name	David W. Delander		
	13. Birthplace	Maryland		
MOTHER	14. Maiden name	Martha Kemp		
	15. Birthplace	Maryland		
16. Informant		David W. Delander		
Address		Brunswick Md.		
17. (Burial, cremation, or removal, which?)		Date thereof	April 28 1947	
Cemetery or crematory		St. Marks		
Location		Paul Bunyan Md.		
18. Funeral director		L. N. Geiss & Son		
Address		Brunswick Md.		
19. (Date rec'd by registrar)		19. (Date rec'd by registrar)	Elizabeth G. Heck	

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State	Maryland	County	Frederick
City or town	Brunswick	(If outside city or town limits, write RURAL and give nearest town)	
Street No.	21 Petersville Road		
(If rural, give LOCATION)			

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1947 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1947 to April 25 1947 and that I last saw him alive on April 25 1947.

Immediate cause of death

Carcinoma of the Head  
of the Pancreas

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. "SIGNATURE

G. A. Geiss, M.D.

M. D. or other

Address Frederick, Md. Date signed 4/25/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

01920

## CERTIFICATE OF DEATH

Reg. Dist. No. 10

## 1. PLACE OF DEATH:

County.....

Frederick, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

1 hour

Hospital, Institution, or street address where death occurred:

Route # 340 near Frederick

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Cecilia Dixon

4. Sex

5. Color or race,

6. (a) Single, married, widowed, or divorced

female white married

6. (b) Name of husband or wife..... Royden J. Dixon

7. Birth date of deceased (mo., day, yr.)

Dec 9 - 1891

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

55

4

4

hrs.

min.

9. Birthplace.....

Washington, D. C.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

12. Name.....

John Hutchins

13. Birthplace.....

Washington, D. C.

14. Maiden name.....

Unknown

15. Birthplace.....

ir

16. Informant.....

Ralph P. Dixon

Address

Washington, D. C.

17. Burial

Cemetery or crematory

Date thereof..... April 13-1947

(month) (day) (year)

Location

Cedar Hill

Baltimore

Baltimore County, Md.

18. Funeral director.....

Henry E. Gandy Co.

Address

Frederick, Md.

19. Date rec'd by registrar

April

1947

Elizabeth G. Techs.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

District of Columbia

City or town.....

Washington, D. C.

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 1001 30th St. S.E.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

none

3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

13 April

1947 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

NEVER

19..... to

and that I last saw her DEAD alive on

13 April

1947

Immediate cause of death.....

Coronary Thrombosis

Due to..... Hypertensive Heart Disease

DURATION

1/2 hour

3-4 weeks

or

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operation.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

Injured at work?

23. SIGNATURE.....

Charles W. Corley, M.D.

M. D. or other

Deputy Med. Examiner

Frederick, Md.

Date signed

13 Apr. 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore 49A

01021

Reg. Dist. No. 131

## CERTIFICATE OF DEATH

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred: Frederick City Hospital

How long in hospital or institution? 3 days

### 3. (a) FULL NAME

Ann Dorsey

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

B.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) April 10, 1929

8. AGE: Years 18 Months 0 Days 20 If less than one day  
hrs. ..... min. ....

9. Birthplace Pittsburg, Penna.  
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Thomas Dorsey

MOTHER 13. Birthplace Maryland

14. Maiden name FANNIE GASSAWAY

15. Birthplace Maryland

16. Informant Mrs. Fannie Dorsey

Address Ap #1 Mt. airy, Md.

17. Burial (Burial, cremation, or removal, where?) Burial Date thereof 5-4-47  
(month) (day) (year)

Cemetery or crematory Mt. Zion

Location near Mt. airy, Carroll Co. Md.

18. Funeral director R. M. Waltz

Address Winfield, Md

19. I - May 1947  
(Date rec'd by registrar)

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Mt. airy, Maryland (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war.....

### 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30 1947 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 10, 1947, to Apr 30, 1947, and that I last saw her alive on Apr 30, 1947.

Immediate cause of death.....

Accumia J. Gray

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations Oranum minor (Cure)

Date of op. Apr 10-47

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

### 23. SIGNATURE

E.P. Johnson M. D. or other

Address Frederick, Md Date signed Apr 30-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

## CERTIFICATE OF DEATH

01022

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 wk.

Hospital, institution, or street address where death occurred: Fred City Hospital

How long in hospital or institution? 1 week

## 3. (a) FULL NAME

Thomas Eaves

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

w

married

8. (b) Name of husband or wife

Florence E. Biddinger

8. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.)

Feb. 17, 1876

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Frederick Co.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

William Eaves

FATHER

12. Name

Fred. Co.

MOTHER

13. Birthplace

Mary Eaves

14. Maiden name

Fred. Co.

15. Birthplace

Mrs Thomas Eaves

16. Informant

Walkersville

Address

17. Burial

(Burial, cremation, or removal; which?)

Date thereof April 29, 1947

(month) (day) (year)

Cemetery or crematory

Glade Cemetery

Location

Walkersville

18. Funeral director

F.C. Barton

Address

Walkersville

19. 28 April

Date rec'd by registrar

19. 47

Elizabeth G. Tech.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md.

County:

City or town: Walkersville

(If outside city or town, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr 25 1947 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1946 to Apr 25 1947

and that I last saw him alive on Apr 24 1947

18.47

Immediate cause of death

Influenza - pneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

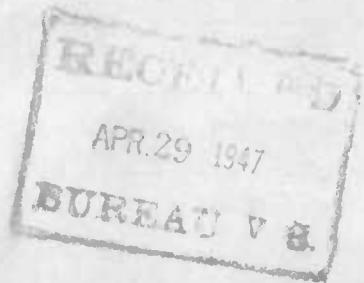
Means of Injury

Injured at work?

23. SIGNATURE

Edgar Tech M. D. or other

Address: Walkersville, Md Date signed: Apr 26, 1947



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 140

## CERTIFICATE OF DEATH

01093  
131

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Lifetime

Hospital, institution, or street address where death occurred:

near Frederick City Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

OTIS W. ESTABROOK

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

w

married

6. (b) Name of husband or wife

Ruth G. Estabrook

6. (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.)

Jan. 18 - 1913

8. AGE:

Years

Months

Days

If less than one day

34

2

25

hrs.

min.

9. Birthplace

Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

Safety Engineer

11. Industry or business

Stone &amp; Lime Business

12. Name

Leon M. Estabrook

13. Birthplace

Rockford - Illinois

14. Maiden name

Nellie Melling

15. Birthplace

Albion, Iowa

16. Informant

Mrs. Leon Estabrook

Address

(Rural) Shookstown - Md.

17. Burial

Date thereof 4-15-1947

(Burial, cremation, or removal, which)

(month) (day) (year)

Cemetery or crematory

Mt. Olivet Cemetery

Location

Frederick - Md.

18. Funeral director

C. E. Cline &amp; Son

Address

Frederick - Md.

19. (Date rec'd by registrar)

1947

(Date rec'd by registrar)

Elizabeth G. Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town

Rural - Shookstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

none

## 3. (b) Social Security Number

199-14-0264

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12 April

1947 at 10:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER

and that I last saw h. M. D. on

Immediate cause of death

Gunshot wound, heart

DURATION

Detonating

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 12 April 1947

Where did injury occur? Frederick Frederick Md. (County) (State)

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Street

Means of injury Gunshot wound

Injured at work? No

23. SIGNATURE Charles K. Conley, M.D.

Deputy medical examiner M.D. or other

Address Frederick, Md.

Date signed 12 Apr 1947

RECEIVED

APR 15 1947

BUREAU OF INVESTIGATION

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

## CERTIFICATE OF DEATH

Reg. Dist. No. 0102A  
134

✓ PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The first age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County: Frederick

City or town: Kirby Ridge Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

W. Calvin Flesagle

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

widowed

6. (b) Name of husband or wife

Ellen K. Shaffer

7. Birth date of deceased (mo., day, yr.)

April 3 - 1863

8. (c) If alive, give age

years

8. AGE:

Years  
80Months  
1Days  
1

If less than one day

hrs. min.

9. Birthplace

Cannington Carroll Co.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Retired

MOTHER FATHER

12. Name

W. C. Flesagle

13. Birthplace

Carroll County

14. Maiden name

Tannie Shirley

15. Birthplace

Md

16. Informant

Mrs Harry Knight

Address

Kirby Ridge Md

17. Burial

Burial

Date thereof  
(month) (day) (year)  
Apr 7-47

Cemetery or crematory

Cannington Cemetery

Location

Kirby Ridge Md

18. Funeral director

Kirby Ridge Funer

Address

Thurmont Md

19. Date rec'd by registrar

April 6 1947 M. F. Sharp

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Street No.

(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war

WW

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 4 1947 at 1:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1947 to April 1947

and that I last saw him alive on April 3 1947

Immediate cause of death

chronic nephritis

chronic myocarditis

DURATION

3 years

De to

arteriosclerotic cardio

several

Due to

vascular disease

years

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operations

none

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

W. C. Flesagle M.D.

M. D. or other

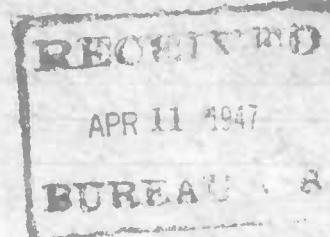
Address

Emmitsburg Md

Date signed 4-5-47

MEMORANDUM FOR THE DIRECTOR OF THE FEDERAL BUREAU OF INVESTIGATION

RECEIVED  
APR 11 1947



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No.

01025  
131

## 1. PLACE OF DEATH:

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Mercy Hospital

How long in hospital or institution?

1 1/2 mo.

## 3. (a) FULL NAME

Maudella Jane Togole

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

## 6. (b) Name of husband or wife

Frank Togole

6. (c) If alive, give age years

## 7. Birth date of deceased (mo., day, yr.)

February 15 1863

## 8. AGE:

Years      Months      Days      If less than one day

84

2

63

hrs.

min.

## 9. Birthplace

Maryland

(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

Samuel Six

MOTHER FATHER

12. Name

Lucetia Stanley

13. Birthplace

Maryland

14. Maiden name

Lucetia Stanley

15. Birthplace

Maryland

16. Informant

Virginia Togole

Address

Mercy Hospital, Frederick, Md.

17. Funeral director

Frederick

(Burial, cremation, or removal, which)

Date thereof May 1 1947

(month) (day) (year)

Cemetery or crematory

United Brethren

Location

Frederick

18. Funeral director

O. J. Willard

Address

Frederick

19. I - May

19 47

(Date rec'd by registrar)

Elizabeth H. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

119 West Street

(If rural, give LOCATION)

home

2.(a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

April 28, 1947 at 2 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15, 1947 to April 28, 1947,

and that I last saw her alive on April 28, 1947.

## Immediate cause of death

Bronchitis

DURATION

10 min.

Due to: Cerebral arterio-sclerosis

Due to:

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

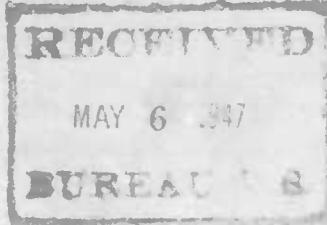
Means of Injury Injured at work?

## 23. SIGNATURE

Bernard Kuno, M.D.

M. D. or other

Address: Frederick, Md. Date signed: 5/1/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

01026

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
 County Walkersville  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 363  
 Hospital, institution, or street address where death occurred: —  
 How long in hospital or institution? —

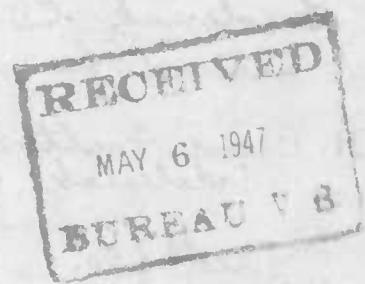
3. (a) FULL NAME Newton A. Fulton  
 4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced widowed  
 6. (b) Name of husband or wife Carrie Stauffer  
 7. Birth date of deceased (mo., day, yr.) Jan 4, 1866 8. (c) If alive, give age 81 years  
 8. AGE: Years 81 Months 3 Days 26 If less than one day hrs. min.  
 9. Birthplace Frederick Co. (Town, county, and state)  
 10. Usual occupation Retired farmer  
 11. Industry or business —  
 FATHER 12. Name H. Clay Fulton  
 13. Birthplace Frederick Co.  
 MOTHER 14. Maiden name Emily F. Smith  
 15. Birthplace Fred Co.  
 16. Informant J.C. Bayton  
 Address Walkersville  
 17. Burial Burial Date thereof May 3, 1947  
 (Burial, cremation, or removal; Which?) (month) (day) (year)  
 Cemetery or crematory Glade Cemetery  
 Location Walkersville  
 18. Funeral director J.C. Bayton  
 Address Walkersville  
 19. (Date rec'd by registrar) May 1947 19. (Date signed) Elizabeth F. Hach  
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State md County Frederick  
 City or town Walkersville (If outside city or town limits, write RURAL and give nearest town)  
 Street No. — (If rural, give LOCATION)  
 2.(a) If veteran, name war —

3. (b) Social Security Number —

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30, 47 19 at 9:45 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 15, 47 to Apr 30, 47, and that I last saw her alive on Apr 29, 47.  
 Immediate cause of death Cardiovascular Revol disease DURATION —  
 Due to —  
 Due to —  
 Other conditions —  
 (Include pregnancy within 3 months of death)  
 Major findings of operations — Date of op. —  
 Autopsy results —  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide — Date of —  
 Where did injury occur? — (City or town) — (County) — (State) —  
 Injured at home, farm, industry, public place (where?) —  
 Means of injury — Injured at work? —  
 23. SIGNATURE O.P. Gotsdiner M. D. or other —  
 Address Walkersville, Md. Date signed May 1, 1947



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-4

01027

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick

City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 8/3/38

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 8/3/38

## 3. (a) FULL NAME

Stanley Gabriel (Stanislaus Gabrielevich)

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of wife

XXXXX Anna Gabriel

6.(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.)

December 22, 1873

8. AGE:

Years  
73Months  
4Days  
8

If less than one day

hrs. min.

8. Birthplace

Lithuania

(Town, county, and state)

10. Usual occupation

Tailor

11. Industry or business

Vincas Gabrielevich

MOTHER FATHER

Lithuania

13. Birthplace

Cecelia Vitunich

14. Maiden name

Lithuania

15. Birthplace

Deceased

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

5/3/47  
(month) (day) (year)

Cemetery XXXXX Holy Redeemer

Location Baltimore, Maryland

18. Funeral director Joseph Kasinskas Inc.

Address 602 Wash. Blvd., Baltimore, Md.

19. May 1 19 47

(Date rec'd by registrar)

Registrar

PLEASE WRITE PLAINLY, WITH UNFADED INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 718 W. Fayette St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1947 at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 3 1938 to April 30 1947.

and that I last saw h. im. alive on April 30 1947.

Immediate cause of death

Pulmonary Tuberculosis

DURATION

120 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

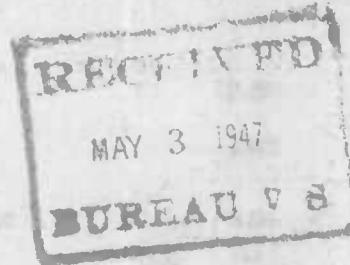
Means of injury

Injured at work?

23. SIGNATURE

M. D. of XXXXX

Address State Sanatorium, Md. Date signed 5/1/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

## CERTIFICATE OF DEATH

01028  
131

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? Since March 7, 1947

## 3. (a) FULL NAME

MARY EVA GREEN

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

M

6. (b) Name of husband or wife

John E. Green

7. Birth date of deceased (mo., day, yr.)

March 20, 1897

6. (c) If alive, give age 54 years

8. AGE: Years

Months

Days

If less than one day

50

0

26

hrs.

min.

9. Birthplace

Myersville-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

12. Name John M. Frye

13. Birthplace

Frederick County Maryland

14. Maiden name

Flora Renner

15. Birthplace

Frederick County Maryland

16. Informant

John E. Green

Address

Lime Kiln, Maryland

17. Burial

Date thereof 4/19/47

(Burial, cremation, or removal which)

(month) (day) (year)

Cemetery or crematory

United Brethren Cemetery

Location

Myersville, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. (Date rec'd by registrar)

Eligabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Lime Kiln

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1947 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 7, 1947 to April 16, 1947

and that I last saw her alive on April 16, 1947

Immediate cause of death

Cardiac decomposition

DURATION

3 days

Due to

Hypers. Heart

Due to

years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

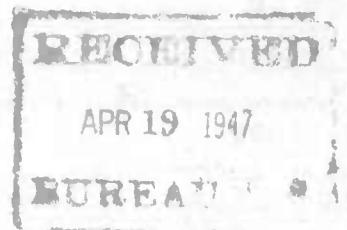
Injured at work?

23. SIGNATURE

B. O. Hennings

M. D. or other

Frederick, Maryland Date signed 4-17-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

01029

## CERTIFICATE OF DEATH

Reg. Date No. 140

## 1. PLACE OF DEATH:

County Frederick

City or town New Midway

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Clarence Harvey Haugh

## 3. (b) Social Security Number

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

M. 21 Married

6. (b) Name of husband or wife Myrtle May Kachter

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1884

6. (c) If alive, give age 59 years

8. AGE: Years Months Days If less than one day

61 2 6 hrs. min.

9. Birthplace Frederick Co. Md.

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Machinist

12. Name John Edison Haugh

13. Birthplace Frederick Co. Md.

14. Maiden name Mary Hildebrandt

15. Birthplace Frederick Co. Md.

16. Informant Carroll E. Haugh

Address New Midway Md.

17. Burial Date thereof Apr. 16, 1947

(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Mt. Hope

Location Woodsboro Md.

18. Funeral director Powell &amp; Hartzer

Address Woodsboro Md.

19. (Date rec'd by registrar) 19. 47 L. P. Russell

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town New Midway

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH 14 April

19. 47 al 2A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19. 43 to 14 April 19. 47

and that I last saw him alive on 13. April 19. 47

Immediate cause of death Uremia

DURATION 10 days

Due to Chronic glomerular nephritis

2 years

Due to

Other conditions Prostatectomy 3 weeks

prior to death

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

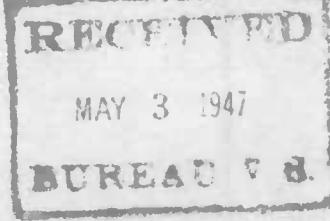
Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE James J. Stoner Jr. MD

M. D. or other

Address Walbersville Md. Date signed 14 Apr 47



C1030

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19

## CERTIFICATE OF DEATH

B.C.  
Reg. Date No. 131

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Female White

5. Color or race

6.(a) Single, married, widowed, or divorced



6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 14, 1947 -

6.(c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
8	0	0	16 hrs. min.

9. Birthplace

Frederick, Md., Maryland

(Town, county, and state)

10. Usual occupation.

11. Industry or business

Clark Builders, Inc.

12. Name

Frederick, Md., Maryland

13. Birthplace

Frederick, Md., Maryland

14. Maiden name

Louise Bell &amp; Morton

15. Birthplace

Frederick, Md., Maryland

16. Informant

Elizabeth Lee, M.D.

Address

Frederick, Md., Maryland

17. Burial, cremation, or removal, which?

Date thereof April 16, 1947

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline &amp; Son

Address

Frederick, Maryland

19. Date read by registrar

April 16, 1947

(Date read by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1519 West Baltimore

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 15, 1947 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 14, 1947 to April 15, 1947

and that I last saw her alive on April 15, 1947

Immediate cause of death

Prematurity

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

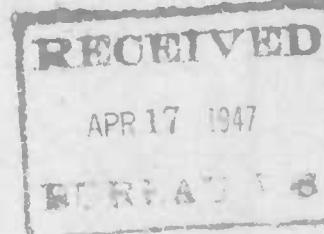
23. SIGNATURE

Bernard Thomas, M.D.

M.D. or other

Address Frederick, Md. Date signed April 16, 1947

J. Stone & Son  
Printed by J. Stone &  
Son, printed and



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BPO*

## CERTIFICATE OF DEATH

01031

131

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

City or town

*Frederick*  
*Rural*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution or street address where death occurred:

*Emergency Hospital*  
*2 weeks*

How long in hospital or institution?

## 3. (a) FULL NAME

*Maurie Etta Hayes*

## 4. Sex

*Female*

## 5. Color or race

*White*

## 6. (a) Single, married, widowed, or divorced

*Married*

## 6. (b) Name of husband or wife

*Harry W. Hayes*

## 7. Birth date of deceased (mo., day, yr.)

*March 25, 1891*

## 6. (c) If alive, give age

years

## 8. AGE:

Years	Months	Days	If less than one day
56	203		hrs. min.

## 9. Birthplace

*Maryland*

(Town, county, and state)

## 10. Usual occupation

*Housewife*

## 11. Industry or business

*George T. Price*

## MOTHER FATHER

*Frederick Co., Maryland*

## 14. Maiden name

*Maurie Etta Price*

## 15. Birthplace

*Frederick Co., Maryland*

## 16. Informant

*Virginia Lillie Price*

## Address

*Emergency Hosp. Frederick, Md.*

## Burial, cremation, or removal

*Burial*Date thereof  
(month) (day) (year)  
*4. 20. 1947*

## Cemetery or crematory

*Park Heights*

## Location

*Brunswick Md.*

## 18. Funeral director

*A. H. F. 3372*

## Address

*Brunswick Md.*

## 19. Date rec'd by registrar

*17 April 1947*

(Date rec'd by registrar)

*Elizabeth G. Hack*

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

*Maryland*

City or town

*Brunswick*

Street No.

*23 South Lynnes*

(If outside city or town limits, write RURAL and give nearest town)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

*April 17, 1947*at  
*6:25 A.M.*

## 21. CERTIFY that death occurred on the date above stated; that I attended deceased from

*April 13, 1947 to April 17, 1947*and that I last saw her alive on  
*April 17, 1947*

## Immediate cause of death

*Arterio Sclerotic Cardio-  
vascular renal disease*

DURATION

*6 yrs*

## Due to

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

## Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

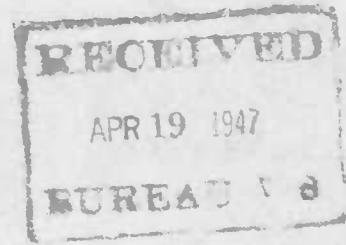
Injured at work?

## 23. SIGNATURE

*Charles H. Conley Jr. MD*

M. D. or other

Address *Frederick, Md.* Date signed *17 Apr 47*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore H-3

## CERTIFICATE OF DEATH

01032

13101

Reg. Dist. No.

1. PLACE OF DEATH: Fredrick  
 County Fredrick Co  
 City or town Fredrick Co (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Fredrick Co 8 days  
 Hospital, institution, or street address where death occurred: 33 days  
 How long in hospital or institution? —

## 3. (a) FULL NAME

Mildred Hurst

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife ...7. Birth date of deceased (mo., day, yr.) Feb-14 1898 6. (c) If alive, give age years8. AGE: Years 1899 Months 49 Days 1 If less than one day 18 hrs. 0 min. 09. Birthplace Charlotte N.C. (Town, county, and state)10. Mental occupation House wife11. Industry or business ...12. Name John Lattimore13. Birthplace N.C.14. Maiden name Martha Lattimore15. Birthplace N.C.16. Informant Mrs. Carrie IsodineAddress Charlotte N.C.17. Burial Date thereof 4/5/47 (Burial, cremation, or removal: Which?) (month) (day) (year)Cemetery or crematory Fredrick CemetaryLocation Gathesburg Md.18. Funeral director John LattimoreAddress Gathesburg Md.19. Registrar Elizabeth G. Heck (Date recd by registrar)2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State MD — County Maryland  
 City or town Gathesburg (Md.) (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 14 The Driv (If rural, give LOCATION)

2. (a) If veteran, name war ✓

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 2 1947 at 10:45 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1947 to Apr 2 1947and that I last saw her alive on Apr 2 1947Immediate cause of death Carcinoma of PancreasDue to ...Due to ...Other conditions ...

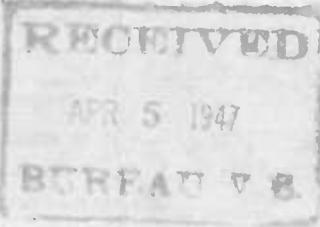
(Include pregnancy within 8 months of death)

Major findings of operations ...Date of op. ...Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...Where did injury occur? ... (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ...Means of injury ... Injured at work? ...23. SIGNATURE E.P. French M. D. or otherAddress Fredrick Md Date signed Apr 47



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

01033

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

66 Lincoln Apartments

How long in hospital or institution?

## 3. (a) FULL NAME

LAURA ELIZABETH JONES

## 4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female Colored

Single

## 6.(b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

September 13, 1898

6.(c) If alive, give age years

## 8. AGE:

Years  
48Months  
7Days  
9If less than one day  
hrs. min.

## 9. Birthplace

Sunnyside, Frederick County, Md.

(Town, county, and state)

## 10. Usual occupation

Servant

## 11. Industry or business

12. Name

George Jones

MOTHER FATHER

13. Birthplace

Sunnyside, Maryland

MOTHER FATHER

14. Maiden name

Elien Myers

15. Birthplace

Sunnyside, Maryland

16. Informant

Miss Ella A. Jones

Address

Frederick, Maryland

## 17. Burial

(Burial, cremation, or removal. Which)

Date thereof April 25, 1947

(month) (day) (year)

Cemetery or crematory

Sunnyside Methodist Cemetery

Location

Sunnyside, Maryland

## 18. Funeral director

C. E. Cline &amp; Son

Address

Frederick, Maryland

19. April 1947  
(Date rec'd by registrar)

Elizabeth Hock

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

66 Lincoln Apartments

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd 1947, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1947 to April 22, 1947

and that I last saw h... alive on April 19, 1947

Immediate cause of death

Pneumonia of stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. H. Steiner

M. D. or other

Address Atchel, Md. Date signed April 23, 1947

RECEIVED BY THE NATIONAL SECURITY COUNCIL

RECEIVED BY THE SECRETARY OF STATE

RECEIVED BY THE SECRETARY OF DEFENSE

RECEIVED BY THE CHIEF OF STAFF

RECEIVED

APR 26 1947

BUREAU 7 8

## MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 202

Reg. Dist. No.

131

## CERTIFICATE OF DEATH

01034

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
 (a) County Frederick  
 (b) City or town Frederick  
 (c) Street address, hospital, or institution: 302 W. Patrick St.  
 (d) Length of stay in hospital or inst. (yrs., mos., or days) \_\_\_\_\_  
 (e) Length of stay in this community (yrs., mos., or days) 82 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:  
 (a) State Md. (b) County Frederick  
 (c) City or town Frederick (If outside city or town limits, write RURAL and give town)  
 (d) Street No. 302 W. Patrick St. (If rural give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3 (a) FULL NAME George Henry Keyser

3 (b) If veteran, name war None 3 (c) Social Security No. None

4. Sex M 5. Color or race W 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Eleanor Ann Roelke

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-14-1865

8. AGE: Years 82 Months 2 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Frederick County - Md.  
 (Town, county, and state)

10. Usual occupation B. & A. R.R. - Switchman

11. Industry or business

12. Name Samuel Keyser

13. Birthplace Frederick Co. Md.

14. Maiden Name Catherine Roiling

15. Birthplace Frederick Co. Md.

16 (a) Informant ms. Clara Roelke

(b) Address Frederick - Md.

17 (a) Burial Burial (b) Date thereof 4-17-47  
 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Frederick - Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick - Md.

19 (a) 16 April 1947 (b) Elizabeth L. Heck  
 (Date rec'd by registrar) (Registrar)

## MEDICAL CERTIFICATION

20. Date of death April 14 1947, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to April 14 1947, and that I last saw him alive on April 14 1947.

Immediate cause of death

Chronic Myocarditis + Myocardial Degeneration

Duration 1 year

Due to Hypertension

Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

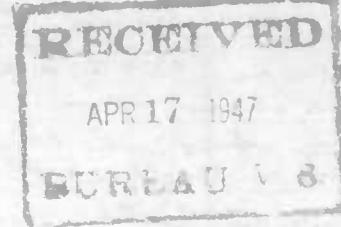
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? \_\_\_\_\_ While at work? \_\_\_\_\_  
 (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature H. Lawrence Faling MD  
 M. D. or other \_\_\_\_\_

Address Frederick Md Date signed 4-19-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B-6*

01035

139

Reg. Dist. No. 139

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County **Frederick**City or town **State Sanatorium, Maryland**

(If outside city or town limits, write RURAL and give nearest town)

Since **10/31/45**

How long in above place of death?

Hospital, institution, or street address where death occurred:

**Maryland Tuberculosis Sanatorium**How long in hospital or institution? Since **10/31/45**

## 3. (a) FULL NAME

**Joseph G Kofskey**

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name

**xxxxx Wife: Evelyn M. Kofskey**6.(c) If alive, give age **38** years

7. Birth date of deceased (mo. day, yr.)

**January 18, 1905**

8. AGE:

Years **42**Months **3**Days **3**

If less than one day

hrs. min.

9. Birthplace

**Baltimore County, Maryland**

(Town, county, and state)

10. Usual occupation

**Welder**

11. Industry or business

**Winford Kofskey**

12. Name

**Poland**

MOTHER FATHER

**Christina Frazier**

13. Birthplace

**Poland**

14. Maiden name

**Deceased**

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof **4/24/47**

(month) (day) (year)

Cemetery **xxxxx****St. Stanislaus**

Location

**Baltimore, Maryland**

18. Funeral director

**M. L. Creager & Son**

Address

**Thurmont, Maryland**19. **4/22****1947**

(Date rec'd by registrar)

*J. B. Am*

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland**

County

City or town **Baltimore**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **3829 Fourth Ave.**

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

**117-09-2485**

## MEDICAL CERTIFICATION

20. DATE OF DEATH **April 21**

1947 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**October 31** 1945 to **April 21** 1947and that I last saw him alive on **April 21** 1947

Immediate cause of death

**Pulmonary Tuberculosis**

DURATION

**48 MOS.**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

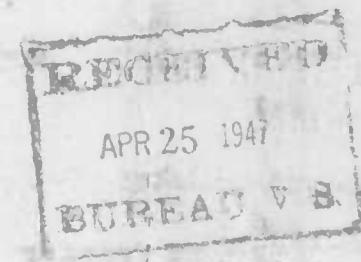
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*R. B. Baer*M. D. **XXX**Address **State Sanatorium, Md.** Date signed **4/21/47**



Evidence for the addition of  
year of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-L

01036

FILM No. G 109 APR 23 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

4 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

35 Hamilton Avenue

How long in hospital or institution?

3. (a) FULL NAME

GEORGE HENRY MACKENZIE

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

6. (b) Name of husband or wife

Sadie DeGrange

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

April 21, 1947

56

8. AGE:

Years

Months

Days

If less than one day

66

11

17

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name James MacKenzie

Frederick County Maryland

14. Maiden name Thresa Firestone

Frederick County Maryland

16. Informant

Mrs. Sadie MacKenzie

Burial

Date thereof 4/21/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or cemetery Mount Olivet Cemetery

Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19. (Date read by registrar)

19. 17

Elizabeth G. Etchison  
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. 35 Hamilton Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

219-20-4921

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1947 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 to 1947 to April 18, 1947 and that I last saw him alive on April 16 to 18, 1947.

Immediate cause of death

Concave larynx

Due to Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

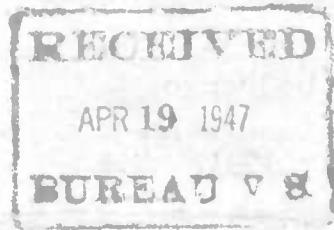
23. SIGNATURE

Frank H. Hedges M. D.

M. D. or other

Frederick, Maryland Date signed 4-18-47

Address



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01037

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

5 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mount Philip

How long in hospital or institution?

## 3. (a) FULL NAME

EMMA ANN MARSH

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F

W

W

6.(b) Name of husband or wife

Joel J. Marsh

7. Birth date of deceased (mo., day, yr.)

October 25, 1859

6.(c) If alive, give age.....years

8. AGE:

Years  
87Months  
5Days  
1511 less than one day  
hrs. min.

9. Birthplace

Loudoun County, Virginia

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Martin L. Stockman

Address R. F. D. #5, Frederick, Md.

17. Burial

(Burial, cremation, or removal, where?)

Date thereof 4/12/47

(month) (day) (year)

Cemetery or crematory Mt. Zion Cemetery

Location Near Feagaville, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. (Date rec'd by registrar)

1947

Elizabeth Heck.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

Street No. Mount Philip

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1947 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 9, 1947, to April 10, 1947

and that I last saw her alive on April 9, 1947

Immediate cause of death

Acute Cardiac

disease due to

Due to pulmonary effusion 24 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. J. Hennings

M. D. or other

Address Frederick, Maryland Date signed 4-10-47

RECEIVED

APR 14 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

01038

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

10 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

1309 North Market Street

How long in hospital or institution?

## 3. (a) FULL NAME

LAURA LOUISE MARTZ

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

W

## 6. (b) Name of husband or

David H. Martz

## 7. Birth date of deceased (mo., day, yr.)

January 19, 1852

6. (c) If alive, give age years

## 8. AGE: Years

Months

Days

If less than one day

95

2

16

hrs.

min.

## 9. Birthplace

Rocky Springs-Frederick-Maryland

(Town, county, and state)

## 10. Usual occupation

At Home

## 11. Industry or business

## MOTHER FATHER

12. Name Daniel Houck

## MOTHER FATHER

13. Birthplace Frederick County Maryland

14. Maiden name Ann R. Aubert

## MOTHER FATHER

15. Birthplace Frederick County Maryland

## 18. Informant

Mrs. Mae M. Burrier

## Address

1309 N. Market St., Frederick, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/8/47

(month) (day) (year)

## Cemetery or crematory

Mount Olivet Cemetery

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

## 19. Date rec'd by registrar

1947

Elizabeth H. Heek

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1309 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Jul 5 1947 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

## Immediate cause of death

Coronary heart disease

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

## Means of injury

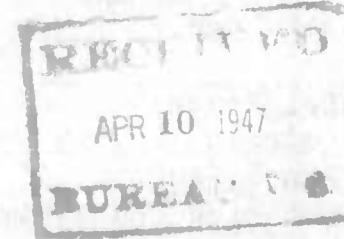
Injured at work?

## 23. SIGNATURE

M. D. or other

Address

Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

01039

Reg. Dist. No. 131

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 hours

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 10 hours

## 3. (a) FULL NAME

Nellie Blane Mc Goren

4. Sex

5. Color or race

6. (a) Single married, widowed, or divorced

Female

white

married

6. (b) Name of husband or wife

John Mc Goren

72

7. Birth date of deceased (mo. day. yr.)

June 12 1884

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

12. Name

George Morrison

13. Birthplace

Md

14. Maiden name

Alice Jane Martin

15. Birthplace

Md

16. Informant

John Mc Goren

Address

Brunswick Md

17. (Burial, cremation, or removal, if any)

Burial Date thereof April 11, 1947

(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Brunswick Md

18. Funeral director

C. H. Felt &amp; Bro.

Address

Brunswick Md.

19. (Date record registrar)

8 April 1947

Elizabeth H. Heck.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 8 East 15

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 8

1947 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 6 1947 to April 8 1947 and that I last saw her alive on April 8 1947

Immediate cause of death

Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

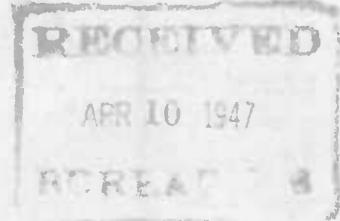
23. SIGNATURE

Marguerite Schwaner M. D. C. B. P. H.

Address

Frederick

Date signed April 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-7

01040

## CERTIFICATE OF DEATH

Reg. Date. No. 134

## 1. PLACE OF DEATH:

County... Frederick  
City or town... Emmitsburg Md. Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1.8 years (at Mt. St. Mary's College)

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Sister Mary Melania (McMahon)

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white

single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Aug. 24, 1865

8. AGE:

Years

Months

Days

If less than one day

82

89

18

hrs.

min.

9. Birthplace... Limerick, Ireland  
(Town, county, and state)

## 10. Usual occupation...

Domestic duties

## 11. Industry or business

John McMahon

Limerick, Ireland

12. Name... John McMahon

13. Birthplace... Limerick, Ireland

14. Maiden name... Bridget

Limerick, Ireland

15. Birthplace... Limerick, Ireland

16. Informant... Sister M. Innocent

Address Mt. St. Mary's College MD

17. Burial... April 9, 1947

(Burial, cremation, or removal. Which?)

Date thereof April 9, 1947

(month) (day) (year)

Cemetery or crematory... Holy Reservoir

Location... Baltimore Md.

18. Funeral director... L. Alderson

Address Emmitsburg Md.

19. April 6 1947

(Date rec'd by registrar)

M.T. Sheriff

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Emmitsburg Md

(If outside city or town limits, write RURAL and give nearest town)

Street No... Mt. St. Mary's College

(If rural, give LOCATION)

2.(a) If veteran, name war...

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH... April 6, 1947 at 5A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1944 to April 6, 1947

and that I last saw her alive on April 5, 1947

IMMEDIATE cause of death... chronic myocarditis

DURATION... 5 years

Due to... arteriosclerosis cardiac

vascular disease several years

Due to...

Other conditions... fibrosis pul. tb.

Duration... many years

(Include pregnancy within 3 months of death)

Major findings of operations... none

Date of op...

Autopsy results... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE... W.F. Corle M.D.

M. D. or other

Address... Emmitsburg Md. Date signed... 4-6-47

RECEIVED

APR 11 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-18

## CERTIFICATE OF DEATH

010431

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County

City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

George Mills

4. Sex

Male White

5. Color of race

6. (a) Single, married, widowed, or divorced

Unknown

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 7, 1866

6. (c) If alive, give age years

8. AGE:

Year Months Days If less than one day  
80 11 3 hrs. min.

9. Birthplace

Maryland (town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

George W. Mills

12. Name

Mother Father

13. Birthplace

Unknown

14. Maiden name

Ava Hammer

15. Birthplace

Unknown

16. Informant

Montgomery Hospital

Address

Frederick

17. Burial

(Burial, cremation, or removal, which)

Cemetery or

Location

Tisbury Howard Co.

18. Funeral director

H. M. Sawyer

Address

Red Cross

19. Date rec'd by registrar

11-April 1947

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

2.(a) If veteran, name war

2.(b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 9 1947 at 6:45 P.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sam. 1 1946 to April 9 1947

and that I last saw him alive on April 9 1947

Immediate cause of death

Chronic nephritis

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

Bernard Thomas Jr. M.D. M. D. or other

Address Frederick, MD Date signed April 10, 1947

RECEIVED

APR 14 1947

BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

01042

## CERTIFICATE OF DEATH

131

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

258 West Patrick Street

How long in hospital or institution?

## 3. (a) FULL NAME

CHARLES EDWARD MORGAN

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MWW

6. (b) Name of husband or wife

Elsie M. Young

## 7. Birth date of deceased (mo., day, yr.)

July 16, 1872

6. (c) If alive, give age .....

## 8. AGE:

Years  
74Months  
8Days  
18

If less than one day

. hrs. .... min.

## 9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

MOTHER FATHER

12. Name Benjamin F. Morgan

MOTHER

13. Birthplace Frederick County Maryland

FATHER

14. Maiden name Luciebia E. Harris

MOTHER

15. Birthplace Frederick County Maryland

FATHER

16. Informant Clayton E. Morgan

MOTHER

Address Frederick, Maryland

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/7/47

(month) (day) (year)

Cemetery or crematory

Location

St. Pauls Lutheran CemeteryJefferson, Maryland

## 18. Funeral director

MOTHER

M. R. Etchison and Son

FATHER

Address Frederick, Maryland

19. (Date rec'd by registrar)

19. 45

(Date rec'd by registrar)

Elizabeth G. Tech

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 258 West Patrick Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war.

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 1947

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

See 10 April 4th 1947and that I last saw him alive on 19 47

Immediate cause of death

Cerebral Hemorrhage

Due to

Duo to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

H. Studen M. D. or otherFrederick, Maryland Date signed 4-5-47

RECEIVED

APR 8 1947

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore 50

01043

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**M**

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**  
 County Frederick  
 City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:  
 Frederick City Hospital

How long in hospital or institution? Since January 19, 1947

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 28 East South Street  
(If rural, give LOCATION)

2.(a) If veteran, name war..... None

**3. (a) FULL NAME**

ETHEL GERTRUDE MORGAN

**4. Sex** F **5. Color or race** W **6. (a) Single, married, widowed, or divorced** D

Harry Morgan

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... 53 years

7. Birth date of deceased (mo., day, yr.) July 22, 1893

**8. AGE:** Years 52 Months 8 Days 24 If less than one day hrs. min.

9. Birthplace Nr. Shookstown-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

**MOTHER FATHER** William Blank  
 12. Name Frederick County Maryland

13. Birthplace Rosabell Whipp

14. Maiden name Frederick County Maryland

15. Birthplace

16. Informant Mrs. LeRoy Barrick

Address Woodsboro, Maryland

17. Burial Date thereof 4/19/47  
(Burial, cremation, or removal, where)

Cemetery or cemetery Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 17 April 1947 Elizabeth L. Tech  
(Date rec'd by registrar)

Registrar

**3. (b) Social Security Number**  
 None

## MEDICAL CERTIFICATION

**20. DATE OF DEATH** April 16, 1947 at 10:55P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19, 1947 to April 16, 1947 and that I last saw her alive on April 16, 1947

Immediate cause of death

Metastatic Cancer

Due to

Cancer of Breast

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Clark M. D.

M. D. or other

Frederick, Maryland Date signed 4-17-47

Address

RECEIVED

APR 19 1947

BUREAU V 8

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

01044

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Buckeystown

(If outside city or town limits, write RURAL and give nearest town)

50 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

EMALINE ANNA MOSSBURG

4. Sex F Color or race W B.(a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife D. Archibald Mossburg

78 years

6. (c) If alive, give age ..... years  
7. Birth date of deceased (mo., day, yr.) December 29, 18568. AGE: Years Months Days If less than one day  
90 3 7 hrs. min.9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

12. Name Conrad Buchheimer  
MOTHER FATHER  
13. Birthplace Germany14. Maiden name Elizabeth Brengle  
15. Birthplace Germany16. Informant D. Archibald Mossburg  
Address Buckeystown, Maryland17. Burial Date thereof 4/8/47  
(Burial, cremation, or removal: Which?) (month) (day) (year)  
Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland19. Date rec'd by registrar 8 April 1947  
(Date rec'd by registrar) *Elizabeth G. Hatch*  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Buckeystown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

April 6th 1947 1:20A

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from February 17th 1947 to April 6th 1947 and that I last saw her alive on April 5th 1947

Immediate cause of death

Cerebral Accident

DURATION

Apr. 5. 47

Due to Chronic myocarditis  
Myocardial degeneration

Period of years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

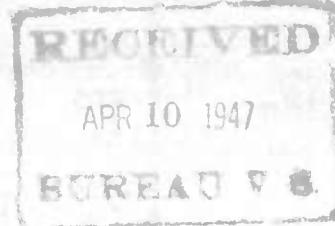
Means of injury

Injured at work?

23. SIGNATURE

*C. H. Conley* M. D. *Conley*  
C. H. Conley M. D. Conley  
Frederick, Maryland Date signed 4/7/47

Address



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *MSA*

01045

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

## 1. PLACE OF DEATH:

County Frederick

City or town Ijamsville - Rural

(If outside city or town limits, write RURAL and give nearest town)

20 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Ijamsville

How long in hospital or institution?

## 3. (a) FULL NAME

BESS MARTHA ELIZABETH MUSSETTER

4. Sex F	5. Color or race W	6.(a) Single, married, widowed, or divorced S
----------	--------------------	---

8.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) August 31, 1896

8.(c) If alive, give age years

8. AGE: Years 50	Months 7	Days 16	If less than one day hrs. .... min. ....
------------------	----------	---------	--

9. Birthplace.....  
(Town, county, and state) At Home

10. Usual occupation.....

11. Industry or business.....

12. Name..... Henry P. Mussetter

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Mary Louise Dreyer

15. Birthplace..... Frederick County Maryland

16. Informant..... Henry P. Mussetter

Address..... Ijamsville, Md. - Rural

17. Burial..... Date thereof..... 4/19/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... 4/18/47

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Ijamsville - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Ijamsville

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 17, 1947, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10, 1947, to April 17, 1947, and that I last saw her alive on April 14, 1947.

Immediate cause of death..... Paroxysm Agitans

DURATION  
6 years

Due to.....

Other conditions.....

Acute bronchitis

10 days

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

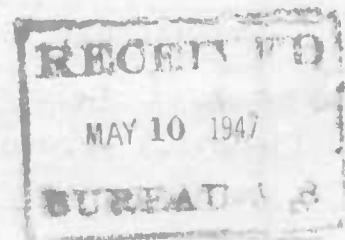
Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

23. SIGNATURE..... Ernest P. Roop M. D.

M. D. or other  
Address..... New Market, Maryland Date signed 4-17-47



front & back

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

0104531  
Reg. Dist. No.

**1. PLACE OF DEATH:**  
County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

225 Lindbergh Avenue

How long in hospital or institution?

**3. (a) FULL NAME**

ELIZABETH MAJOR NEVIUS

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6. (b) Name of husband or wife Walter Nevius

7. Birth date of deceased (mo., day, yr.) November 4, 1889

8. AGE: Years	Months	Days	If less than one day
57	5	13	hrs. min.

9. Birthplace Dallas Township, Pennsylvania  
(Town, county, and state)

10. Usual occupation Housewife

**11. Industry or business**

MOTHER FATHER Theodore Major

13. Birthplace Luzerne County, Pa.

14. Maiden name Suzanna L. Roushey

15. Birthplace Luzerne County, Pa.

16. Informant Walter Nevius

Address Frederick, Maryland

17. Burial Date thereof April 19, 1947  
(Burial, cremation, or removal, when?) (month) (day) (year)

Cemetery or crematory Frederick Memorial Park

Location Linden Hills, Md.

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. (Date rec'd by registrar) April 18, 1947

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 225 Lindbergh Avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war None

**3. (b) Social Security Number**

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 17, 1947, at 2<sup>30</sup> A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 11, 1947, to April 17, 1947,

and that I last saw her alive on April 17, 1947.

Immediate cause of death

Gastric coronary thrombosis

Due to

Due to Gastric colitis

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

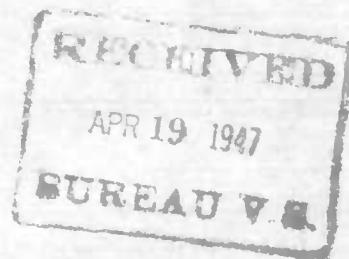
Means of injury

Injured at work?

23. SIGNATURE

A. A. O'Farrell, M.D. M. D. or other

Address 1111 1/2 E. Pratt Street, Baltimore, Md. Date signed 4/18/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore 20

## CERTIFICATE OF DEATH

01047  
Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Years

Hospital, institution, or street address where death occurred:

230 East Sixth Street

How long in hospital or institution?

## 3. (a) FULL NAME

MARY VIRGINIA NICKEL

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

M

## 6. (b) Name of husband or -

Albert Nickel

6. (c) If alive, give age... 42 years

## 7. Birth date of deceased (mo., day, yr.)

May 21, 1904

## 8. AGE: Years

42

Months

10

Days

18

If less than one day

hrs. .... min.

## 9. Birthplace

Rocky Springs-Frederick-Maryland  
(Town, county, and state)

## 10. Usual occupation

At Home

## 11. Industry or business

MOTHER FATHER 12. Name John H. Ford

13. Birthplace Frederick County Maryland

14. Maiden name Cora H. Whipp

15. Birthplace Frederick County Maryland

## 16. Informant

Albert Nickel

Address 230 E. 6th St., Frederick, Md.

## 17. Burial

(Burial, cremation, or removal. Which?) Date thereof 4/12/47

(month) (day) (year)

Cemetery or crematory Rocky Springs Cemetery

Location Frederick, Maryland - Rural

## 18. Funeral director

M. R. Etchison and Son

Address Frederick, Maryland

## 19. (Date rec'd by registrar)

19-47

19-47

Elizabeth G. Tech

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 230 East Sixth Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 9 1947 at 8:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2 1947 to April 9 1947  
and shall last saw him alive on April 19 1947

## Immediate cause of death

Malignant carcinoma  
Generalized cancer.

DURATION 6 mo.

## Due to

Cancerous left breast

4 yrs

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

Signature Q. J. Bruce M. D. or other

Address Jefferson Rd Date signed 4/19/47

RECEIVED

APR 14 1947

BUREAU OF E.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

01048

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick

City or town State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 3/26/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 3/26/47

## 3. (a) FULL NAME

Melvin Owens

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 6, 1907

6.(c) If alive, give age years

8. AGE: Years 39 Months 11 Days 17 If less than one day hrs. min.

9. Birthplace Somerset County

(Town, county, and state)

10. Usual occupation Filling Station

11. Industry or business

12. Name Oliver P. Owens

13. Birthplace Somerset County

14. Maiden name Jennie Jenkins

15. Birthplace Anne Arundel County

16. Informant Deceased

Address

17. Burial Date thereof April 26, 1947  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Baltimore Cemetery

Location Baltimore, Md.

18. Funeral director H. Sander &amp; Sons

Address Broadway &amp; North Ave., Balto., Md.

19. April 25 1947

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4123 Southern Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

217-18-1802

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 24

19 47 at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 26

19 47 to April 24 19 47

and that I last saw h...im alive on April 24 19 47

Immediate cause of death

Pulmonary Tuberculosis

DURATION

7 MOS.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. B. Sander

M. D. ~~X~~

Address State Sanatorium, Md. Date signed 4/24/47

RECEIVED

APR 28 1947

BERT

Evidence for the changes made  
shown on

G 109 4/10/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01049

139

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Frederick

City or town

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Since 11/2/44

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 11/2/44

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Baltimore

City or town

Dundalk

(If outside city or town limits, write RURAL and give nearest town)

Street No. 207 Maple Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles M. Plants

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of deceased wife

Anna M. Plants

7. Birth date of deceased (mo., day, yr.)

December 24, 1891

6.(c) If alive, give age 46 years

8. AGE:

Years

Months

Days

If less than one day

55

3

9

hrs.

min.

9. Birthplace

Zanesville, Ohio

(Town, county, and state)

10. Usual occupation

Pipe Mill worker

11. Industry or business

Leonard M. Plants

FATHER

12. Name

Zanesville, Ohio

MOTHER

13. Birthplace

Ida Stockdale

14. Maiden name

Zanesville, Ohio

15. Birthplace

Decreas Anna Plants

16. Informant

Address

207 Maple Ave.

Burial

Date thereof 4-5-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Katy Cemetery

Location

Sal Ait Rd

Thas.

John Kenny, Inc.

18. Funeral director

Address

1242 Leeds Terrace, Balt., Md.

19. April 3 1947

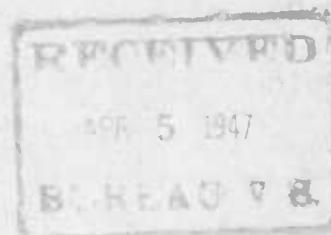
(Date rec'd by registrar)

Registrar

R. B. Bassin

M. D. DICK

Address State Sanatorium, Md. Date signed 4/3/47



1-35

**1** PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *(121-6)*

01050

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, institution, or street address where death occurred:

163 B &amp; O Avenue

How long in hospital or institution?

## 3. (a) FULL NAME

GEORGE WASHINGTON POOLE

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

S

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Unknown

6. (c) If alive, give age years

1873

## 8. AGE:

Years  
74?

Months

Days

It less than one day

..... hrs. ..... min.

## 9. Birthplace

Frederick-Frederick-Maryland  
(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

## MOTHER FATHER

12. Name

George W. Poole

Frederick County Maryland

13. Birthplace

14. Maiden name

15. Birthplace

Mary E. Weddle

Frederick County Maryland

## 16. Informant

Family Records

## Address

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4/8/47  
(month) (day) (year)

Mount Olivet Cemetery

Cemetery or cemetery

Frederick, Maryland

Location

## 18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

## 19. Date rec'd by registrar

19. 47

Elizabeth G. Tech  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 163 B &amp; O Avenue

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1

1947 to Apr 1 1947

and that I last saw him alive on Mar 16 1947

Immediate cause of death

Chronic nephritis

Due to

Due to

Other conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. Klein

M. D.

M. D. or other

Frederick, Maryland Date signed 4-7-47

RECEIVED

APR 8 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16

01051

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County FrederickCity or town Brown's Mills

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mos

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

George Henry RamseyRamsey

## 3. (b) Social Security Number

4. Sex M5. Color or race W6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age years7. Birth date of deceased (mo., day, yr.) Apr 13 19228. AGE: Years 24 Months  Days If less than one day hrs. min.9. Birthplace W.Va

(Town, county, and state)

10. Usual occupation Voice11. Industry or business Louis Ramsey

MOTHER FATHER

12. Name Louis Ramsey13. Birthplace W.Va14. Maiden name Jeanne Wilson15. Birthplace W.Va16. Informant Louis RamseyAddress Rural Martinsburg W.Va.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Apr 10 1947  
(month) (day) (year)Cemetery or crematory Smoke TownsLocation Martinsburg W.Va. RFD18. Funeral director H. T. Clegg & SonAddress Brownsville 2nd19. April 8 1947  
(Date rec'd by registrar)Tallyn H. Brown  
Dep. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W.VaCounty BerkeleyCity or town Rural Martinsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH 7 April

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19 to 19  
and that I last saw h. b. m. alive on 7 April 19 to 19

Immediate cause of death

Gunshot wound, heart  
and abdomen

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

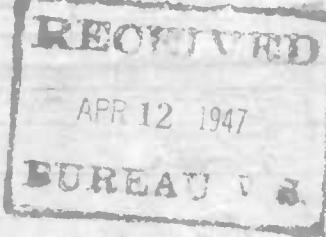
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 7 April '47Where did injury occur? Brownsville Frederick Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) House HouseMeans of injury Gunshot wound Injured at work? No23. SIGNATURE Charles H. Conley Jr. M.D.Dep. Med. Examiner J. M. D. or otherAddress Frederick, Md. Date signed 8 April '47



PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8-1052

## CERTIFICATE OF DEATH

Reg. Distr. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

609 Fairview Avenue

How long in hospital or institution?

## 3. (a) FULL NAME

CAMDEN JOSEPH RAMSBURG, SR.

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

M

W

M

## 6. (b) Name of husband or wife

Martha Ely

## 6. (c) If alive, give age ... years

56

## 7. Birth date of deceased (mo. day, yr.)

July 19, 1879

## 8. AGE: Years

67

## Months

8

## Days

23

## If less than one day

hrs.

min.

## 9. Birthplace

Frederick-Frederick-Maryland  
(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

Robert M. C. Ramsburg

## MOTHER FATHER

Frederick County Maryland

## 13. Birthplace

Dora Camden

## 14. Maiden name

Clarksburg, West Virginia

## 15. Birthplace

Mrs. Martha E. Ramsburg

## 16. Informant

Address 609 Fairview Ave., Frederick, Md.

## 17. Burial

(Burial, cremation, or removal, which)

Date thereof 4/15/47

(month) (day) (year)

## Cemetery or crematory

Mount Olivet Cemetery

## Location

Frederick, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

14 April 1947

Elizabeth L. Heck

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 609 Fairview Avenue

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 12th, 1947 at 10:15A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Mar 20 1947 to Apr 12 1947

and that I last saw him alive on Apr 12 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

14 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

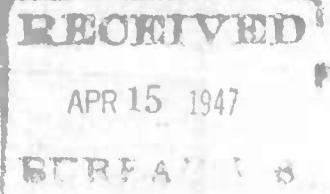
H. Kene

M. D.

M. D. or other

Frederick, Maryland

Date signed 4-14-47



01053

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:

1001 North Market Street

How long in hospital or institution?

## 3. (a) FULL NAME

ANNIE ROSE MAY RENN

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M

## 6. (b) Name of husband or wife

Charles C. Renn

74

6. (c) If alive, give age 74 years

## 7. Birth date of deceased (mo., day, yr.)

October 18, 1857

## 8. AGE:

Years  
71Months  
5Days  
18

11 less than one day

hrs.

min.

## 9. Birthplace

Carroll County Maryland

(Town, county, and state)

## 10. Usual occupation

At Home

## 11. Industry or business

## MOTHER FATHER

John Keefer

## MOTHER FATHER

Carroll County Maryland

## MOTHER FATHER

Sarah C. Bierley

## MOTHER FATHER

Carroll County Maryland

## 16. Informant

Charles C. Renn

## Address

1001 N. Market St., Frederick, Md.

## 17. Burial

(Burial, cremation, or removal, if any)

Date thereof 4/9/47

(month) (day) (year)

## Cemetery or crematory

Mount Olivet Cemetery

## Location

Frederick, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

9 April 1947

Elizabeth L. Tech

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1001 North Market Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1947 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 26 1947 to April 6 1947

and that I last saw her alive on April 6 1947

Immediate cause of death

Conary Thrombosis 20 mm Hg

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

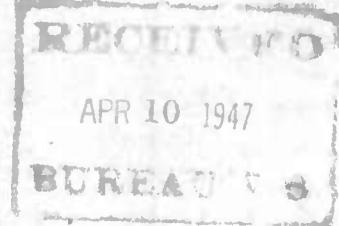
Injured at work?

23. SIGNATURE

B. D. Brown M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-8-47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

01054

## CERTIFICATE OF DEATH

139

Reg. Dist. No.

1. PLACE OF DEATH: **Frederick**  
 County.....  
 City or town..... **State Sanatorium, Maryland**  
(If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? ..... **Since 10/24/45**  
 Hospital, Institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? ..... **Since 10/24/45**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
 State..... **Maryland** County..... **Frederick**  
 City or town..... **Myersville**  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
(If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME **Dorothy Irene Ricketts**

4. Sex <b>Female</b>	5. Color or race <b>White</b>	6.(a) Single, married, widowed, or divorced <b>Single</b>	
6.(b) Name of husband or wife.....			
7. Birth date of deceased (mo., day, yr.) <b>Sept. 6, 1925</b>			
6.(c) If alive, give age..... years			
8. AGE: Years <b>21</b>	Months <b>7</b>	Days <b>23</b>	It less than one day hrs. ..... min.
9. Birthplace <b>Adamstown, Md.</b>			(Town, county, and state)
10. Usual occupation <b>Housekeeper</b>			
11. Industry or business			
MOTHER FATHER	12. Name <b>Lawrence Ricketts</b>		
	13. Birthplace <b>Frederick County, Md.</b>		
MOTHER	14. Maiden name <b>Bessie Norman</b>		
	15. Birthplace <b>Frederick County, Md.</b>		
16. Informant <b>Deceased</b>			
Address			
17. Burial ..... <b>Burial</b> (Burial, cremation, or removal. Which?)		Date thereof <b>May 2, 1947</b> (month) (day) (year)	
Cemetery or crematory <b>Mount Olivet Cem.</b>			
Location <b>Frederick, Md.</b>			
18. Funeral director <b>M. R. Etchison &amp; Son</b>			
Address <b>Frederick, Maryland</b>			
19. May 1 <b>47</b> (Date rec'd by registrar)		J. B. Lynn Registrar	

## MEDICAL CERTIFICATION

20. DATE OF DEATH **April 29** 19 47 at 5:35 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **October 24** 19 45 to **April 29** 19 47  
 and that I last saw her alive on **April 29** 19 47

Immediate cause of death **Pulmonary Tuberculosis** DURATION **22 Mos.**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 8 months of death)

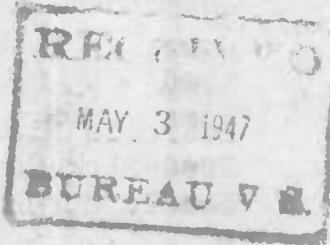
Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? ..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....

Means of Injury ..... Injured at work? .....

23. SIGNATURE **R. B. Baeri** M. D. **X** **5/1/47**  
 Address **State Sanatorium, Md.** Date signed **5/1/47**



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

01055

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution or street address where death occurred

Emergency Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Female

5. Color or race  
white6. (a) Single, married, widowed, or divorced  
widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

William Oliver Buckles  
December 9, 1865

6. (c) If alive, give age years

8. AGE:

Years      Months      Days      If less than one day  
81      4      8      hrs.      min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

Newson Pipe Co

12. Name

Anne Costley

13. Birthplace

Maryland

14. Maiden name

Anne Costley

15. Birthplace

Maryland

16. Informant

Elizabeth G. Steele, M.D.

Address

Emergency Hosp. Frederick, Md.

17. Burial

Burial Hill

Cemetery or crematory

Baltimore, Maryland

Location

Montgomery

18. Funeral director

H. M. Snyder

Address

Mt. Olivet

19. Date rec'd by registrar

April 18, 1947

(Date received by registrar)

19. Date signed

April 18, 1947

(Date signed)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

✓

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 17, 1947

at

12:40 P.M.

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1, 1947, to April 17, 1947

and that I last saw him alive on April 17, 1947

10:45 A.M.

and that he died on April 17, 1947

10:45 A.M.

immediate cause of death

Arterio-Sclerotic Cardio-Vascular Disease

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

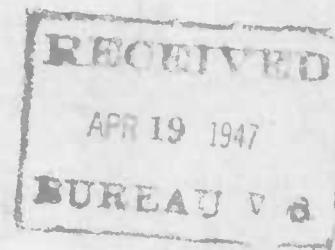
(County)

(State)

Injured at home, farm, industry, public place (where?)

Name of injury

Injured at work



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

01056

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County..... Frederick  
City or town..... Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

1 Year & 1 $\frac{1}{2}$  Months

How long in hospital or institution?

3. (a) FULL NAME

FRANCIS LEE SHAFF

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	M

6. (b) Name of husband or wife..... Laura Ella Wilhide

7. Birth date of deceased (mo., day, yr.)..... April 15, 1860

6. (c) If alive, give age..... 84 years

8. AGE:	Years	Months	Days	If less than one day
	86	11	17	hrs. min.

9. Birthplace..... Jefferson-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation..... Retired

11. Industry or business

FATHER..... Abraham Shaff

12. Name..... Frederick County Maryland

MOTHER..... Mary Stockman

14. Maiden name..... Frederick County Maryland

15. Birthplace..... W. Keedy Shaff

16. Informant..... Brunswick, Maryland

Address..... Burial..... Date thereof..... 4/5/47

(Burial, cremation, or removal—Which?) Cemetery or crematory..... St. Pauls Lutheran Cemetery

Location..... Jefferson, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. Date record by registrar..... 3 April 1947

Signature..... Elizabeth G. Heels. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Maryland County..... Frederick

City or town..... Jefferson  
(If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 2nd 1947 at 7:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1, 1946, to April 2, 1947, and that I last saw h. l. m. alive on April 2, 1947.

Immediate cause of death.....

Carcinoma Sigmoid Colon

DURATION

1 year (?)

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?)

Means of injury

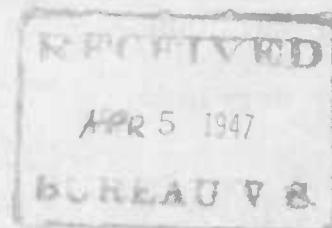
Injured at work?

23. SIGNATURE

Bernard James M. D.

M. D. or other

Address..... Frederick, Maryland Date signed..... 4-3-47



1-35

Evidence for the change of  
year of birth is shown on

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

01057

FILM NO. G 109 APR 23 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County..... Frederick  
City or town..... Emmitsburg, Md.

(If outside city or town limits, write RURAL and give nearest town)

16 days

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Harriet V. Sharrer

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fm	white	widow

6.(b) Name of husband or wife..... Joseph L. Sharrer

7. Birth date of deceased (mo., day, yr.) ..... February 27, 1869 1867

6.(c) If alive, give age..... years

8. AGE: Years	Months	Days	If less than one day
80	1	17	hrs. min.

9. Birthplace..... Carroll Co., Md.

(Town, county, and state)

10. Usual occupation..... Housekeeper

## 11. Industry or business

12. Name..... Charles Brown

13. Birthplace..... Carroll Co., Md.

14. Maiden name..... Lydia Mealey

15. Birthplace..... Carroll Co., Md.

16. Informant..... Charles L. Sharrer

Address..... Emmitsburg, Md.

17. Burial Date thereof..... April 16, 1947

(Month) (day) (year)

Cemetery or crematory..... Mt. Tabor Cemetery

Location..... Rocky Ridge, Md.

18. Funeral director..... C. L. Allison

Address..... Emmitsburg, Md.

19. Date rec'd by registrar..... April 16, 1947

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town..... Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Rocky Ridge

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 14, 1947, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1930 19, to April 13, 1947

and that I last saw her alive on April 13, 1947

## Immediate cause of death.....

arteriosclerosis of aorta and myocarditis - pulmonary

## Due to..... hypertension several years

## Due to.....

## Other conditions.....

(Include pregnancy within 3 months of death)

## Major findings or operations.....

Date of op.....

## Autopsy results..... present

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

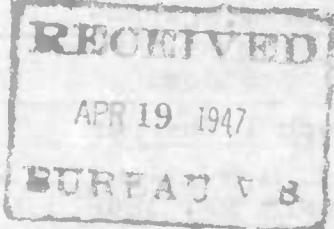
## Means of Injury

Injured at work?

## 23. SIGNATURE

W.R. Coddle M.D. M. D. - mother

Address..... Carroll Co., Md. Date signed..... April 14, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 158

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

131

01520

## 1. PLACE OF DEATH:

County.....

Frederick

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 days

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?.....

2 days

## 3. (a) FULL NAME

Donald Eugene Shaugay

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

## 6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Dec 22 1946

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Maryland  
(Town, county, and state)

10. Usual occupation.....

None

11. Industry or business

none

12. Name.....

John W. Shaugay Jr

13. Birthplace.....

West Virginia

14. Maiden name.....

Mary Francis Hough

15. Birthplace.....

West Virginia

16. Informant.....

John W. Shaugay Jr

Address.....

Brunswick Md

17. Burial

Date burried April 13 1947

(Burial, cremation, or removal which)

(month) (day) (year)

Cemetery or crematory.....

Park Heights

Location.....

Brunswick Md

18. Funeral director.....

J. H. Felt &amp; Bro

Address.....

Brunswick Md

19. April

1947

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Frederick

City or town.....

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

16

9th Ave

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

April 12 1947 at 2:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 10 1947 April 12 1947

and that I last saw him alive on April 11 1947

Duration 2 months 1 week?

Immediate cause of death

Malnutrition and Dehydration Due to unintelligent

Due to attempts at feeding and formula preparation

Due to No apparent gastroenteritis

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

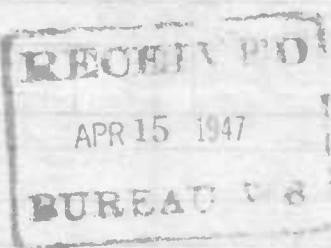
23. SIGNATURE

Bernard Thomas Jr. M.D.

Frederick, Md. April 12, 1947

M.D. or other

Date signed



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

01058

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
County.....  
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mo

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 2 mos3. (a) FULL NAME Chapman Shoes

4. Sex <u>Male</u>	5. Color or race <u>white</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>
--------------------	-------------------------------	---

B.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) May 30 18838. AGE: 

Years <u>63</u>	Months <u>10</u>	Days <u>20</u>	If less than one day hrs. .... min. ....
-----------------	------------------	----------------	---

9. Birthplace Virginia  
(Town, county, and state)10. Usual occupation None11. Industry or business none12. Name Green13. Birthplace London14. Maiden name Yorkson15. Birthplace London16. Informant Mrs. R. GreenAddress Londontown Va17. (Burial, cremation, or removal. Whence?) Burial Date thereof April 12, 1947  
(month) (day) (year)Cemetery or cemetery Mountain CemeteryLocation Taylorstown Va18. Funeral director C. H. Felt's BroAddress Baltimore Md19. (Date rec'd by registrar) 10 April 1947 Registrar Elizabeth G. Hecke

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Virginia County LondonOther town Taylorstown (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

3. (b) Social Security Number \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_. Feb 1947 to April 10 1947and that I last saw him alive on April 9 1947 1947Immediate cause of death Myocardial NecrosisSt. Amaria

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Morardia

(Include pregnancy within 3 months of death)

Major findings or operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John J. Green M. D. or other \_\_\_\_\_Address 1 person signed Date signed 4/10/47

RECEIVED

APR 11 1947

BUREAU OF THE  
BUDGET

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH

01059

Reg. Dist. No. 131

**1. PLACE OF DEATH:**  
 County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
 317 East Patrick Street  
 How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
 (For newborn infants give residence of mother)  
 State... Maryland County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... 317 East Patrick Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... None

**3. (a) FULL NAME**

CHARLES EDGAR SIER

**3. (b) Social Security Number**

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife.....  
 7. Birth date of deceased (mo., day, yr.) February 14, 1870  
 6.(c) If alive, give age..... years

8. AGE: Years Months Days If less than one day  
 77 1 22 hrs. min.

9. Birthplace... Liamsville, Frederick County, Md.  
 (Town, county, and state)

10. Usual occupation... Retired B. & O. R. R. Worker

## 11. Industry or business

MOTHER FATHER 12. Name... Joseph Benjamin Sier

13. Birthplace... Frederick County, Maryland

MOTHER 14. Maiden name... Sarah Louira Ford

15. Birthplace... Frederick County, Maryland

16. Informant... Mrs. Daisy Pauline Williams

Address... Frederick, Maryland

17. Burial Date thereof... April 8, 1947  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or cemetery... Mount Olivet Cemetery

Location... Frederick, Maryland

18. Funeral director... C. E. Cline & Son

Address... Frederick, Maryland

19. April 1947  
 (Date record by registrar) Elizabeth G. Heek  
 Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH... April 6th 1947 at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. m. alive on April 5, 1947

Immediate cause of death... Pneumonia, Bronchitis

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings or operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury...

Injured at work?

23. SIGNATURE

M. D. or other

Date signed

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APR 8 1947

S. F. I. C.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

010692

Reg. Dist. No.

## 1. PLACE OF DEATH:

County... Frederick

City or town... Rural Bradocks Heights  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

George L. Smith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife... Laura V. Smith

7. Birth date of deceased (mo., day, yr.)

August 30, 1870

6. (c) If alive, give age 23 years

8. AGE:

Years Months Days If less than one day  
76 7 19 hrs. min.9. Birthplace... Myersville Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation... Retired Carpenter

11. Industry or business

12. Name... George Smith

13. Birthplace... Myersville, Md.

14. Maiden name... Elizabeth Beachley

15. Birthplace... Middletown, Md.

16. Informant... Laura V. Smith

Address... Bradocks Heights, Md.

17. Burial Date thereof... 4-21-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... United Brethren Cemetery

Location... Myersville, Md.

18. Funeral director... Gladhill Co.

Address... Middletown, Md.

19. April 21 1947 Marie Gladhill  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md.

County... Frederick

City or town... Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war... not

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH... April 19, 1947, at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 1946 to April 1947

and that I last saw him alive on April 7, 1947

Immediate cause of death... Hypertension

Duration... 5 years

Died of... Cardiac - vascular disease

Cause of death... Cardiac - vascular disease

Duration... 5 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE... H. V. Stater M.D.

M. D. or other

Address... Myersville, Md. Date signed April 19, 1947

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APR 23 1947

FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

MARGIN RESERVED FOR BINDING  
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01061

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Montevue

How long in hospital or institution? Since October 23, 1945

## 3. (a) FULL NAME

WILLIAM COOPER SMITH

4. Sex

M

5. Color or race

C

8. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Edmonia E. Bowie

7. Birth date of deceased (mo., day, yr.)

Unknown 1876

6. (c) If alive, give age..... years

8. AGE:

Years  
71?

Months

Days

If less than one day

.... hrs. .... min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

Unknown

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Montevue Records

Address

Frederick, Maryland

17. Burial

(Burial, exhumation, or removal; which?)

Date thereof 4/26/47

(month) (day) (year)

Cemetery or cemetery

Ebenzer Cemetery

Location

Ijamsville, Maryland - Rural

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

St April

1947

Elizabeth L. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

Frederick

County

Ijamsville

City or town

- Rural

Street No.

Near Centerville

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 24, 1947 at 3:20P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1946 to April 24, 1947

and that I last saw h.s. alive on April 24, 1947

Immediate cause of death

Arterio-sclerotic Cardiac -  
vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas Jr. M. D.

M. D. or other

Frederick, Maryland Date signed 4-25-47





**RECEIVED**

APP 11 1947

SEARCHED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

01063

132

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County FredrickCity or town Rural Middletown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 M.S.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Orville H. Stottlemeyer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Married6. (b) Name of husband or wife Marie Stottlemeyer

7. Birth date of deceased (mo., day, yr.)

August 8, 1887 8. (c) If alive, give age 47 years

8. AGE:

Years

Months

Days

If less than one day

59 7 22 hrs. min.9. Birthplace 1016 S. 11th Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Farmer

## 11. Industry or business

12. Name Joseph Stottlemeyer13. Birthplace Wolfsville, Md.14. Maiden name Martha Hurley15. Birthplace Wolfsville, Md.16. Informant Marie StottlemeyerAddress Middlestown, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4-3-47  
(month) (day) (year)Cemetery or crematory Church of God CemeteryLocation Cascade, Md.18. Funeral director Bethel Hill Co.Address Middlestown, Md.19. April 3 1947 Main Street  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County FrederickCity or town Rural Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1947 at 8:50 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1946 to Apr 1 1947and that I last saw him alive on Mar 26 1947

Immediate cause of death

Cardio-Renal-Vascular disease 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? Middlestown (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J E Harp MD

M. D. or other

Address Middlestown Date signed 4-2-47

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APR 9 1947

BORLAUG 8

## MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore 516

01064

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

Clerk town Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

10 days

## 3. (a) FULL NAME

Alvey Carlton Luther Summers

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Married

6. (b) Name of husband or wife

Lavina Summers

7. Birth date of deceased (mo., day, yr.)

Oct. 13, 1882

8. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Year      Months      Days      If less than one day  
64      5      28      hrs.      min.

9. Birthplace

Middletown Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

David Summers

12. Name

David Summers

13. Birthplace

Middletown, Md.

14. Maiden name

Anna Rothenkrocker

15. Birthplace

Middletown, Md.

16. Informant

Elmer Summers

Address

Frederick, Md.

17. Burial

Date thereof 4-14-47  
(Burial, cremation, or removal. Which?)  
(month) (day) (year)

Cemetery or Cemetery

Lutheran Cemetery

Location

Middletown, Md.

18. Funeral director

Bladhill Co.

Address

Middletown, Md.

19. (Date rec'd by registrar)

13 April 1947 Elizabeth G. Tech.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

no

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 12 1947 at 6:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1946 to April 12 1947

and that I last saw him alive on April 11 1947

Immediate cause of death

Carcinoma Prostate

Metastatic carcinoma

Due to Lungs &amp; brain

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

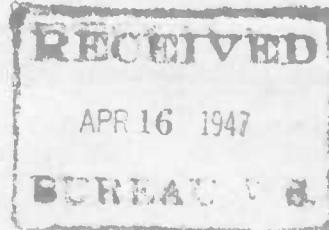
Bernard Thomas Jr. M.D.

M. D. or other

Address

Frederick, Md.

Date signed Apr 14, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2

## CERTIFICATE OF DEATH

01065

Reg. Dist. No. 131

**1. PLACE OF DEATH:**  
County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?... 1 Year  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution?... 10 Days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
(For newborn infants give residence of mother)  
State... Maryland County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... 111 East Seventh Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war... None

**3. (a) FULL NAME**

BENJAMIN EDWARD TRITTIPOE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife... Mary Jane Baker Trittipeoe

7. Birth date of deceased (mo., day, yr.) April 5, 1917  
6.(c) If alive, give age... 27 years

8. AGE:	Years	Months	Days	If less than one day
	30		5	hrs. min.

9. Birthplace... Luckett's, Virginia  
(Town, county, and state)

10. Usual occupation... Machinist

## 11. Industry or business

12. Name	William M. Trittipeoe
13. Birthplace	Montgomery County, Md.

14. Maiden name	Nora May Titus
15. Birthplace	Loudoun County, Va.

## 16. Informant

Address	Frederick, Maryland
---------	---------------------

17. Burial  
(Burial, cremation, or removal, which?) Date thereof April 13, 1947  
(month) (day) (year)

Cemetery or crematory	Frederick Memorial Park
Location	Linden Hills, Maryland

## 18. Funeral director

Address	C. E. Cline & Son Frederick, Maryland
---------	--

19. Death  
(Date rec'd by registrar) April 1947  
Registrar Elizabeth G. Tech.

**3. (b) Social Security Number**

577-05-2319

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1947, at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on April 10, 1947

Immediate cause of death

Myocardial Demyelination  
DURATION 1 year

Due to... Chronic Valvular Heart Disease  
DURATION 10 years

Due to...  
Other conditions Pulmonary Edema  
Hemoptysis  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE H. Lawrence Zahony, M.D.

M.D. or other

Address... Frederick, Md. Date signed 4-11-47

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APR 14 1947

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01066

131

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County. Frederick

City or town. Adamstown-Rural

(If outside city or town limits, write RURAL and give nearest town)

10 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Adamstown

How long in hospital or institution?

## 3. (a) FULL NAME

MINNIE A. VIRTS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

W

6. (b) Name of husband or -

Wallace L. Virts

7. Birth date of deceased (mo., day, yr.)

May 16, 1867

6. (c) If alive, give age..... years

8. AGE:

Years  
79Months  
11Days  
6

If less than one day

....hrs. ....min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

12. Name Philip Thompson

13. Birthplace Frederick County Maryland

14. Maiden name Mary Catherine Crist

15. Birthplace Frederick County Maryland

16. Informant Mrs. George T. Stup

Address Adamstown, Maryland - Rural

17. Burial

(Burial, cremation, or removal; which?)

Date thereof 4/25/47

(month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Point of Rocks, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

13 April 1947

Elizabeth H. Hedges

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Adamstown-Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Adamstown

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1947 at 5 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2 1947 to April 22 1947

and that I last saw her alive on April 19 1947

Immediate cause of death

Cerebral Accidents

DURATION

5 mi

Due to Chronic Hypertension &amp; Cerebral Sclerosis

10 yrs

2 yrs

Due to

Chronic Hypertension

Other conditions

Chronic Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. J. Bruce

M. D.

Address Frederick, Maryland Date signed 4-23-47

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *MD*

01067

## CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred: 2 West Second Street  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2 West Second Street (If rural, give LOCATION)  
 2.(a) If veteran, name war None

3. (a) FULL NAME SAMUEL WATERS

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
6.(b) Name of husband or wife <u>Elizabeth Lerch Waters</u>		
7. Birth date of deceased (mo., day, yr.) <u>September 18, 1860</u>		
8. AGE: Years <u>86</u> Months <u>7</u> Days <u>11</u> If less than one day hrs. ..... min.		
9. Birthplace <u>Frederick, Frederick County, Md.</u> (Town, county, and state)		
10. Usual occupation <u>Retired</u>		
11. Industry or business		
MOTHER FATHER	12. Name <u>Horatio Waters</u>	
	13. Birthplace <u>Baltimore, Maryland</u>	
MOTHER	14. Maiden name <u>Rachel C. Hogg</u>	
	15. Birthplace <u>Baltimore, Maryland</u>	
16. Informant <u>Mrs. Harry C. Castle</u>		
Address <u>Frederick, Maryland</u>		
17. Burial Date thereof <u>April 21 1947</u> (Burial, cremation, or removal. Which) (month) (day) (year) Cemetery or cemetery <u>Mount Olivet Cemetery</u>		
Location <u>Frederick, Maryland</u>		
18. Funeral director <u>C. E. Cline &amp; Son</u>		
Address <u>Frederick, Maryland</u>		
19. Date rec'd by registrar <u>21 - April 1947</u> (Date rec'd by registrar) <u>Elizabeth G. Beck</u> Registrars		

3. (b) Social Security Number None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1947 At 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1947 to April 19 1947 and that I last saw him alive on April 19 1947

Immediate cause of death Heart coronary thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Gastritis chronic  
(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

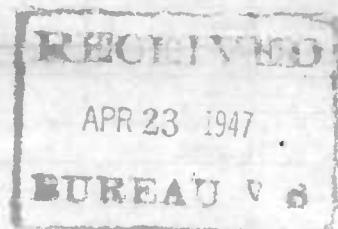
Autopsy results \_\_\_\_\_ PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Meana of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. A. Carr, M.D.  
M. D. or other \_\_\_\_\_  
Address Frederick, Md. Date signed 4/20/47

RECEIVED BY THE SECRETARY OF STATE - WASH. D.C.

APR 23 1947



01068

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

City or town

*Fredricksburg Rural*  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

*Emergency Hospital*  
*3 days*

How long in hospital or institution?

## 3. (a) FULL NAME

*Lewis Williams*

4. Sex

Male	Colored
------	---------

5. Color or race

6.(a) Single, married, widowed, or divorced

Single

## 6.(b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age years  
*July 26, 1860*

## 8. AGE:

Years	Months	Days	If less than one day
86	8	5	hrs. min.

## 9. Birthplace

(Town, county, and state)

Laborer

## 10. Usual occupation

## 11. Industry or business

Not Known

MOTHER FATHER

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

*Albert Thomas*  
*Sykesville, Md.*

Address

## 17. Burial

Date thereof... *4-4-47*

(month) (day) (year)

(Burial, cremation, removal, which?)

White Rock

Cemetery or cemetery

Berrett, Carroll Co. Md.

Location

C. M. Waltz

## 18. Funeral director

Address

Winfield, Md.

## 19. H - April

19 47

(Date rec'd by registrar)

*Elizabeth G. Heck*  
 Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH *April 1, 1947* at *9 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*March 29, 1947* to *April 1, 1947*and that I last saw him alive on *April 1, 1947*

## Immediate cause of death

*Hysteria-sclerotic Disease* *Cardio-vascular Disease* *10 years*

Due to

Due to

Other conditions *Chronic Nephritis*

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

*Bernard Henry Jr. M.D.*  
*Frederick, Md.* *April 1, 1947*

M. D. or other

Date signed

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APR 8 1947

STREAU A 8

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

01069

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH:		
County	Fred	
City or town	Woodsboro	
(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 30 yrs.		
Hospital, Institution, or street address where death occurred:		
How long in hospital or institution?		
3. (a) FULL NAME		
Salome B. Winebrenner		
4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
f	w	married
6. (b) Name of husband or wife Harry C. Winebrenner		
7. Birth date of deceased (mo. day, yr.) Sept. 10, 1877		
8. AGE: Years Months Days If less than one day		
69	7	18 hrs. min.
9. Birthplace Woodsboro, Md., Fred. Co.		
(Town, county, and state)		
10. Usual occupation Housewife		
11. Industry or business		
MOTHER FATHER	12. Name Williams Young	
	13. Birthplace Frederick Co.	
	14. Maiden name Jeannine Trout	
	15. Birthplace Frederick Co.	
	16. Informant Mr. Harry C. Winebrenner	
Address Woodsboro		
17. Burial	Date thereof April 30, 1947	(Burial, cremation, or removal. Which?)
Cemetery or cemetery	Mt. Pleasant Hope	
Location	Woodsboro	
18. Funeral director	G. C. Barton	
Address	Walkersville	
19. Date rec'd by registrar	1947	L. C. Howell

2. USUAL RESIDENCE (HOME) OF DECEASED:		
(For newborn infants give residence of mother)		
State	Md	County
Frederick		
City or town	Woodsboro	
(If outside city or town limits, write RURAL and give nearest town)		
Street No.	—	
(If rural, give LOCATION)		
2. (a) If veteran, name war		

3. (b) Social Security Number

MEDICAL CERTIFICATION		
20. DATE OF DEATH	28 April	1947, at 4 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
20 April 1947 to 27 April 1947		
and that I last saw her alive on 27 April 1947.		
Immediate cause of death		
Cerebral vascular accident		
Due to		
Generalized arteriosclerosis		
Duration		
48 hours		
years		
Other conditions		
(Include pregnancy within 8 months of death)		
Major findings of operations		
Date of op.		
Autopsy results		
PHYSICIAN: Please underline the cause to which death should be charged statistically.		
22. VIOLENCE: If death was due to external causes, fill in the following:		
Accident, suicide, or homicide Date of		
Where did injury occur? (City or town) (County) (State)		
Injured at home, farm, industry, public place (where?)		
Means of injury		
Injured at work?		
23. SIGNATURE James E. Stoner, Jr., M.D.		
D. or other		
Address Walbersville, Md. Date signed 29 Apr 47		

RECEIVED

MAY 3 1947

BUREAU OF